

Case Number:	CM14-0151658		
Date Assigned:	09/19/2014	Date of Injury:	07/11/2013
Decision Date:	11/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 42 year old male injured worker who sustained an injury on 7/11/13 involving the neck. He was diagnosed with cervical strain and radiculopathy. A progress note on 8/11/14 indicated the injured worker has constant 8/10 neck pain. His pain is relieved by rest, massage, stretching, TENS and repetitive movement. Exam findings were notable for reduced range of motion of the cervical spine and paraspinal tenderness. He was given muscle relaxants, topical analgesics, Somnicin for insomnia/anxiety and Genicin for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Somnicin #30 Capsules: Melatonin 2 mg-5htp 50 mg L Tryptophan 100 mg Pyridoxine 10 mg Magnesium 50 mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Melatonin

Decision rationale: According to the Official Disability Guidelines (ODG), published studies of melatonin shows potent analgesic effects in a dose-dependent manner, and melatonin has been

shown to have analgesic benefits in patients with chronic pain. Also, the repeated administration of melatonin improves sleep and thereby may reduce anxiety, which leads to lower levels of pain. Tryptophan and Magnesium are not supported by the guidelines for use of sleep or pain. In addition, response to sleep, anxiety or pain response is unknown for the claimant to Somnicin. Use of insomnia medications is indicated for short-term use. In this case the amount of time prescribed is over 3 months. Therefore, this request is not medically necessary.

Genicin #90 capsules: Glucosamine sodium 500 mg for pain with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: According to the MTUS guidelines, Glucosamine is recommended as an option for arthritis pain. In this case, the injured worker had been on numerous analgesics. There is no evidence of failure of 1st line medications, such as Tylenol. It has not been studied for chronic neck pain and lacks sufficient evidence for its use in this case. Therefore, this request is not medically necessary.