

Case Number:	CM14-0165659		
Date Assigned:	10/10/2014	Date of Injury:	02/22/2012
Decision Date:	10/30/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 52 year old male who sustained an industrial injury on 2-22-12. A review of the medical records indicates he is undergoing treatment for left acetabular fracture , status post open reduction internal fixation, lumbar disc herniation with radiculitis and radiculopathy, left knee internal derangement, symptoms of reflex sympathetic dystrophy, left lower extremity, anxiety and depression, insomnia, deep venous thrombosis, lower extremity, on anticoagulation therapy, cervical disc herniation with radiculitis and radiculopathy, visual impairment, right eye, head trauma with cephalgia, and erectile dysfunction. Medical records (8-7-14) indicate complaints of "continued pain" in the low back that radiates to his left lower extremity. He also complains of left knee pain, left thigh pain, and left foot and ankle pain. He rates the pain 7 out of 10. The physical exam reveals an antalgic gait with "a limp in the left leg." He uses a walker to assist him with walking. The provider indicates "restricted mobility" of the lumbar spine. Spasm is noted in the paraspinal musculature and the straight leg-raising test is positive at 75 degrees. Mobility is also noted to be restricted in the left hip. Tenderness is noted at the medial joint line of the left knee with "positive chondromalacia and positive McMurray's over the medial meniscus". The left lower extremity was noted to have a "dusky discoloration" on exam of the left foot and ankle. Diagnostic studies are not included in the progress report. The report indicates that the injured worker is having "difficulty performing the activities of daily living, secondary to the industrial injury." He is receiving home health care to assist with cooking, cleaning, showering, bathing, grocery shopping, and travelling. He is not currently

working. The treatment plan is to refill his medications, including Norco, Ambien, Colace, Xanax, as well as "provide topical creams." The utilization review (9-18-14) indicates a request for authorization of Sentra AM #60, Sentra PM #60, and Theramine #90 that were dispensed on 6-9-14. All medications were denied with the rationale that the guidelines "do not consistently support the use of medical foods in the management of the cited injury or condition" and "there is no documented dietary deficiency that would warrant the use of these medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Sentra AM #60 dispensed on 6/9/14: 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 Chapter, Medical Foods.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.

Retrospective request for Sentra PM #60 dispensed on 6/9/14: 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 Chapter, Medical Foods.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.

Retrospective request for Theramine #90 dispensed on 6/9/14: 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 Chapter, Medical Foods.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.