

<b>Case Number:</b>	CM13-0034861		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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 patient is a 57 year old male, date of injury 03-02-12. In a progress report from 7/29/13 [REDACTED] documented treatment including Tramadol, Flexeril, Omperazole, Ambien, Creams. The patient's chiropractor indicated a treatment plan including Chiropractic, Acupuncture, Home exercises, Orthopedic consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**prescription of Restone dispensed on 6/17/13: 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, Melatonin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food, as well as information from the FDA found at <http://www.fda.gov/Food/DietarySupplements/QADietarySupplements/default.htm>, and from the manufacturer, Maharashi Ayurveda Products, Ltd.

**Decision rationale:** The Medical treatment utilization schedule (MTUS) and Official Disability Guidelines (ODG) do not specifically discuss Restone. Restone is dietary supplement made by

████████████████████. The label claims that Restone contains a multitude of herbal ingredients. Progress reports do not mention Restone or justify the use of Restone. Official Disability Guidelines (ODG) Integrated Treatment / Disability Duration Guidelines Pain (Chronic) state that Medical Food may be recommended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The available medical records do not document a medical condition for which distinctive nutritional requirements. Therefore, the request for Restone is Not medically necessary.