

Case Number:	CM13-0035470		
Date Assigned:	12/13/2013	Date of Injury:	06/21/2011
Decision Date:	09/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 is a 40-year-old female that reported an industrial injury on 6/21/2011, over three (3) years ago, attributed to the performance of her job tasks. The patient reports that she has persistent lumbar spine pain and radiculopathy in the left leg. The patient received conservative care including medications; PT; chiropractic care/CMT; and modified activities. She is status post PLIF on 04/24/2014. The patient reported continued back pain subsequent to the surgical intervention. The patient is prescribed a compounded medical food oral medication directed to the chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF POS CMPD-GABAPENTI/ACETYL-L-DAY SUPPLY:
27 QTY: 81 REFILLS: 00: Upheld**

Claims Administrator guideline: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain; Medications for sub-acute& chronic pain, Compound drugs, Gabapentin; Medical Foods.

Decision rationale: The use of medical foods is considered largely experimental in use and is not recommended by the current evidence based guidelines. Medical foods have not been proven in regards to overall safety and efficacy. There is insufficient data to support the use of the prescribed compounded medical food. There are insufficient large-scale randomized, controlled studies or references demonstrating the safety and efficacy of the requested compound medication. This oral compound medication is not supported by guidelines. Guideline criteria have not been met in this claimant's clinical records reviewed. There is no objective evidence provided to support the medical necessity of the prescribed medical foods for the patient as opposed to conventional medications. The cited diagnoses not support the medical necessity of the prescribed medical foods. There is no objective evidence provided by to override the recommendations of the California MTUS for the prescription of medical foods as opposed to convention oral pharmaceuticals. The patient has not been demonstrated to have failed treatment on conventional medications and the dispensed medical foods are not demonstrated to be medically necessary for the treatment of the effects of the industrial injury. Medical foods are not FDA approved. The use of Gabapentin/Acetyl-L is not supported by the national medical community and is not supported with double blind peer reviewed studies that demonstrate functional improvement. The rationale for the prescription of medical foods over prescribed oral medications is not explained fully or supported with objective evidence. The prescription of the medical foods has not been supported with the criteria recommended by the Official Disability Guidelines. There is no demonstrated medical necessity for the prescribed Gabapentin/Acetyl-L. The use of the prescribed medical foods is based on anecdotal evidence and there is no evidence based medicine or current literature to establish the effectiveness medical foods or to establish functional capacity improvement with the use of the medical foods. There is no medical necessity for the prescription of this medical food for chronic back pain. The prescription of medical foods is not recommended by the California MTUS or the Official Disability Guidelines.