

Case Number:	CM13-0045074		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2003
Decision Date:	05/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 50 year-old male who is reported to have sustained work related injuries on 09/12/03. The records indicate the patient has undergone multiple back surgeries and has chronic pain. Per the records the claimant is status post a lumbar disc replacement performed on 11/11/05. A microdisectomy was performed at L4/5 on 07/21/08. The claimant later underwent a L3 to S1 fusion on 10/05/11. Instrumentation was removed on 07/16/13. The claimant has a failed back surgery syndrome and as a result the patient has been maintained on multiple medications which includes: Morphine sulfate, MS Contin, Toradol, Exalgo, Actiq, Lyrica, Ambien, Ativan, Colace. The records indicate that the patient was provided an injection of Zeel/ Traumeel for acute pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF ZEEL/ TRAUMEEL 4ML 1M X1 FOR ACUTE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN, MEDICAL FOODS.

Decision rationale: The retrospective request for Zeel/Traumeel 4mg x 1 for acute pain is not supported as medically necessary. Zeel/Traumeel is a medical food that has been synthesized into an injectable that is made from botanicals. This food has not been studied and the safety and efficacy is not established. As such, this food would not be established as being medically necessary.