

Case Number:	CM13-0051329		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2012
Decision Date:	05/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is an employee of [REDACTED] and has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of May 4, 2012. Treatment to date has included oral and topical analgesics, home exercise program, physical therapy and acupuncture. Medical records from 2012 to 2013 were reviewed and showed bilateral shoulder and wrist pain. The patient was diagnosed with carpal tunnel syndrome wrist and rotator cuff sprain/strain for which Proteolin, along with other pain medications, was prescribed for its anti-inflammatory effect. Physical examination was provided, the most recent progress reports were handwritten and were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility. Utilization review dated November 11, 2013 denied the request for Proteolin #60 because there are no evidence-based studies to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTOELIN #60: Upheld

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

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

Decision rationale: Proteolin is a proprietary formulation of anti-inflammatory and immunomodulatory peptides (Hyperimmune Milk Protein Concentrate), Curcuminoids (Turmeric), Proteolytic Enzymes (Bromelain), and Piperin. It is intended for use in nutritional management of certain inflammatory processes and related pain symptoms. The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Medical food was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Medical foods must be used under medical supervision. In this case, the patient has been complaining of bilateral shoulder and wrist pain for which Proteolin was prescribed. However, there was no evidence that intake of the medical food will be supervised by a physician and that the medical food is specifically aimed at a nutritional requirement. Furthermore, there was no evidence of trial and failure of first-line treatment that would necessitate addition of this medication. Therefore, the request for Proteolin #60 is not medically necessary.