

<b>Case Number:</b>	CM13-0051364		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Emergency Medicine 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 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:

The patient is a 42 year old injured worker who reported an injury on 10/25/2012. Diagnoses include abdominal pain, constipation/diarrhea, gastropathy, weight gain, cephalgia, sexual dysfunction, sleep disorder, hyperlipidemia, blurred vision, psychiatric diagnosis, and orthopedic diagnosis. The patient was seen on 02/19/2013 with complaints of sleep disturbance, neck/back/leg pain, and psychological/stress. She was recommended a sleep study, endoscopy/colonoscopy, psychiatric evaluation, and orthopedic evaluation. The note indicated the patient reported a diagnosis of hyperlipidemia but was unable to recall the date. There is no discussion of hypertension in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypertensa #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 (ODG), Chronic Pain.

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

**Decision rationale:** The Official Disability Guidelines consider medical food "a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended 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." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Hypertesa is a combination of supplements that are not considered food. Based on the medical records provided for review there is a lack of documentation that the patient has a dietary insufficiency to warrant the proposed treatment. The request for Hypertensa #60 is not medically necessary and appropriate.