

Case Number:	CM13-0052998		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2006
Decision Date:	04/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pulmonary Diseases 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:

The patient is a 57-year-old female who reported an injury on 01/17/2006. The mechanism of injury was lifting and twisting. The patient had an onset of pain in her lower back and she was determined to have a pinched nerve, and was taken off work for approximately 1 month. An MRI was performed in 11/2006 that revealed annular tearing at L3-4, and an unspecified significant pathology at L4-5. There was also an eccentric posterolateral right directed disc bulge at L5-S1, and there was noted multiple degenerative disc changes throughout the lumbar spine. She is noted to have received an unspecified amount of epidural steroid injections, with minimal relief. However, she was later referred for a discogram revealing concordant pain at L4-5 and L5-S1. In 06/2008, the patient received a 2 level fusion that was beneficial and successful in reducing the right leg pain, and somewhat improved the lower back pain. The patient was then maintained on postoperative medical management of her pain. The patient received facet injections in 2012, with approximately 40% to 45% pain relief lasting up to 2 weeks only. She also received a right SI joint injection in 2012, which was less effective than the facet injections. The patient received a spinal cord stimulator trial in 12/2012, which was successful in reducing her pain, up to 90%. A stimulator was placed permanently on 02/07/2013. However, an infection ensued and necessitated the removal of the stimulator on 06/07/2013. As a result of her injuries, the patient has developed a psychological condition to include depression, and has been provided with psychological treatment. The psych notes included for review indicate that the patient Final Determination Letter for IMR Case Number [REDACTED] has been inconsistent in taking her medications as prescribed, and has had a recent decline in condition and outlook.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Req 49+ tab: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 California MTUS/ACOEM Guidelines did not specifically address the use of supplements. Therefore, the Official Disability Guidelines and current medical literature was supplemented. The Official Disability Guidelines state that medical foods are recommended if they meet the criteria set forth. This includes a product that must be a food for oral or tube feeding. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. In consulting the REQ49+ website, this supplement is used to treat a multiple array of conditions including cancer, arthritis, cognitive dysfunction, and depression, among others. It is helpful in managing major depressive disorder, as it contains D-methylfolate and L-methylfolate. According to current medical literature, these supplements are effective in treating not only treatment-resistant depression, but also as an adjunct to routine pharmaceutical depression treatment. In addition, this medication is being administered under the supervision of a psychiatrist, fulfilling ODG requirements of a medical food. As such, the request for Req49+ tab quantity: 60 refills 5 is certified.