

<b>Case Number:</b>	CM13-0058791		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Internal Medicine, 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 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 injured worker is a 53-year-old male who reported an injury on 03/05/2004 due to repetitive trauma while performing normal job duties. Treatment history included physical therapy, epidural steroid injections, and multiple medications. The injured worker's medication usage was monitored with urine drug screens. Evaluation dated 11/11/2013, reported that the injured worker complained of low back pain and right lateral thigh pain. Pain was noted to be a 7/10 with medications and increased to an 8/10 to 9/10 without medications. It was noted that the patient had a urine drug screen on 10/21/2013 that was positive for gabapentin, medical marijuana, hydrocodone, Hydromorphone, and negative for amitriptyline. Diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. Treatment plan included a taper of Norco as this did not seem to be providing significant relief and an additional chiropractic care as the injured worker had previously undergone chiropractic care with spinal decompression. The patient's treatment plan also included continuation of medications, and a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sinralyne PM #60 no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Food.

**Decision rationale:** The requested medication is considered a medical food. The California Medical Treatment Utilization Schedule does not address medical foods. The Official Disability Guidelines do not support the use of medical food unless there are distinctive nutritional deficits that would benefit from specific dietary management based on recognized scientific principles and established by medical evaluation. The clinical documentation submitted for review does not support that the injured worker has any nutritional deficits that would benefit from this medication. There is no justification to continue the use of this medication. Furthermore, the request as it is submitted does not provide a dosage or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for Sintralyn PM number 60 with no refills is not medically necessary and appropriate.

**Chiropractic Manipulation twice a week for three weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, page(s) 58 Page(s): 58.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends chiropractic manipulation to assist in progressing the injured worker through a therapeutic exercise program. The clinical documentation does not provide any evidence that the injured worker is currently participating in an active therapy program or a home exercise program that would benefit from the adjunctive treatment of chiropractic care. Furthermore, the request does not specifically identify a body part in which the chiropractic manipulation would be provided. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the for chiropractic manipulation twice a week for three weeks for a total of 6 visits is not medically necessary and appropriate.