

<b>Case Number:</b>	CM14-0001942		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 9/28/10 after a piece of pizza dough fell off a rack and hit her on the nose. The injured worker experienced severe nose pain. She was evaluated on 10/2/10. The injured worker's medications included Omeprazole 40mg and ibuprofen 600mg. Physical findings included tenderness to palpation in all four quadrants of the abdomen. The injured worker's diagnoses included emesis, abdominal pain, back pain, headache, and medication monitoring. The injured worker's treatment plan included continuation of medications and diagnostic lab studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPENTIN-60:** 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 California MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines were consulted instead. The requested medication is a

compounded medical food containing gabapentin. Official Disability Guidelines do not recommend the use of medical food unless specific dietary needs are identified with distinctive nutritional deficits. The clinical documentation submitted for review does not provide any justification for the need of this type of medication. Furthermore, the request as it is submitted does not contain a quantity, frequency, or duration of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary.