

<b>Case Number:</b>	CM14-0007749		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 12/16/2009. The primary diagnosis is cervical spondylosis. As of 09/25/2013, the patient was seen in followup by his primary treating physician. The patient reported ongoing constant pain, no less than 3/10. The patient reported invasive procedures had decreased her pain by 60%. She noted that with opioid medications her sitting tolerance was improved by 60%, the standing tolerance was improved by 60%, walking tolerance was improved by 60%, and work tolerance was improved by 30%. The patient's opioid treatment was renewed and also authorization for Theramine was requested, noting that the patient has ongoing chronic severe pain, and therefore the treating provider opined that the use of medical foods should be approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAMINE #270 QUANTITY 3.00:** 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)/Pain/Medical Food

**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:** This request is not specifically discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines/Treatment in Workers Compensation/pain/medical food states that medical food should be labeled for the dietary management of a specific medical disorder with distinctive nutritional requirements. The medical records do not document such a disorder with distinctive nutritional requirements. This request is not medically necessary.

**VICODIN 5/500MG #30 QUANTITY 5.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule, section on opioids/ongoing management, page 78, recommends detailed documentation of the four A's of opioid management including verification of specific functional benefits. The medical records in this case document improved function, although they do not verify those reports, which are semiquantitative reports of improvement with specific activities of daily living. The medical records as provided do not meet the Medical Treatment Utilization Schedule guidelines for monitoring of opioid use. Moreover, it is not clear that the medical records provide a diagnosis for which the guidelines would support opioid use. For these reasons, this request is not medically necessary.