

Case Number:	CM14-0008628		
Date Assigned:	02/12/2014	Date of Injury:	08/11/1999
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine 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 55 year old female who sustained an injury on 08/11/99. No specific mechanism of injury was noted. The injured worker reported experiencing headaches due to repetitive work as well as stress, depression, and anxiety. The injured worker has been followed for multiple complaints to include headaches, insomnia, anxiety, syncopal events, stress, dizziness, and depression. The injured worker has been followed previously for fibromyalgia as well as carpal tunnel syndrome. The injured worker has utilized multiple supplements such as Vitamin C, Zinc, Folic Acid, Vitamin A, and Sentra AM. Other medications have included Enalapril and Lotrisone cream. The injured worker is noted to have had a prior gastric bypass with a resultant anastomotic ulcer. Prior urinary drug screen results have been positive for Morphine. The injured worker was seen on 10/24/13 for a neurological evaluation. The injured worker reported depression, seizure activity, muscle spasms, low back pain, paresthesia, gait difficulty, headaches, dizziness, and insomnia. On physical examination, the injured worker demonstrated mild weakness on bilateral shoulder abduction. There was some loss of grip strength in the hands bilaterally. Loss of hip flexion was also noted. Limited range of motion in the cervical and lumbar spine was present. There was decreased sensation in a left C7 as well as left L5-S1 distribution. There was some loss of range of motion in the bilateral ankles. It is noted previous electrodiagnostic studies showed evidence of an upper extremity peripheral neuropathy as well as a chronic lumbar radiculopathy in the lower extremities. The injured worker was recommended to start Celexa 40mg at this visit and continue with Tegretol 200mg. Meloxicam was also continued at this visit at 15mg. The injured worker was prescribed Neurontin 300mg 3 times daily to address paresthesia. Follow up on 12/19/13 noted persistent difficulty sleeping with chronic fatigue. The injured worker described hallucinations and dizziness. The injured worker was pending a follow up with her psychiatrist. Physical

examination showed no evidence for nystagmus. There were tremors present in the right hand. The requested plastic surgery consult, Vitamin C 500mg, quantity 60, MVI, quantity 30, Calcium Citrate 1,200mg, quantity 30, Probiotics, quantity 60, Vitamin B complex, quantity 30, Ferrous Sulfate 325mg, quantity 90, Vitamin A 10,000 units, quantity 30, Folic Acid 1 gram, quantity 30, Zinc 60mg, quantity 60, Vitamin D 1,000 units, quantity 30, Sentra AM, quantity 60, Theramine, quantity 90, Tramadol 50mg, quantity 60 were all denied by utilization review on 12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLASTIC SURGERY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In regards to the requested plastic surgery consult, it appears that this was being recommended due to the injured worker's redundancy in excessive skin following gastric bypass. It is unclear how this is related to the injury. Furthermore, a plastic surgery consult for this condition would be considered cosmetic and would not reasonably improve the injured worker's overall functional ability. Therefore, this reviewer would not have recommended certification for this request.

VITAMIN C 500 MG, #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), Treatment Index, 11th Edition (web), 2013, Pain Section-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 Chapter, Medical Food

Decision rationale: In regards to Vitamin C 500mg, quantity 60, this reviewer would not have recommended this vitamin supplement as medically necessary. Although this medication can be provided to address nutritional deficits, this was not noted in the clinical records. Therefore, this reviewer would not recommend certification for the request.

Multi-Vitamin, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section-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 Chapter, Medical Food

Decision rationale: In regards to multi-Vitamin, quantity thirty, this multi-vitamin could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

CALCIUM CITRATE 1200 MG, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section-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 Chapter, Medical Food

Decision rationale: In regards to Calcium Citrate 1200mg quantity thirty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

PROBIOTICS, #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), Treatment Index, 11th Edition (web), 2013, Pain Section-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 Chapter, Medical Food

Decision rationale: In regards to Probiotics, quantity sixty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

VITAMIN B-COMPLEX, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food

Decision rationale: In regards to Vitamin B-Complex, quantity thirty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

FERROUS SULFATE 325 MG, #90: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food.

Decision rationale: In regards to Ferrous Sulfate 325mg, quantity ninety, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

VITAMIN A 10,000 UNITS, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food.

Decision rationale: In regards to Vitamin A 10,000 units, quantity thirty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that

would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

FOLIC ACID 1G, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food

Decision rationale: In regards to Folic Acid 1g, quantity thirty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

ZINC 60 MG, #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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food

Decision rationale: In regards to Zinc 60mg, quantity sixty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

VITAMIN D3 1000 UNITS, #30: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food

Decision rationale: In regards to Vitamin D3 1000 units, quantity sixty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

SENTRA AM #60 ONE BOTTLE: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food

Decision rationale: In regards to Sentra AM 1 bottle, quantity sixty, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

THERAMINE #90 ONE BOTTLE: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, 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 Chapter, Medical Food.

Decision rationale: In regards to Theramine, quantity ninety, this nutritional supplement could be utilized to address a specific dietary nutritional deficit. However, the clinical documentation submitted for review did not identify any specific nutritional deficit that would reasonably support the use of this supplement. Therefore, this reviewer would not recommend certification for the request.

TRAMADOL 50 MG, #60 (COPAK WITH THERAMINE #90) ONE BOTTLE: 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), Treatment Index, 11th Edition (web), 2013, Pain Section, Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioides, Criteria for Use Page(s): 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

Decision rationale: In regards to Tramadol 50mg, quantity sixty in combination with Theramine, this reviewer would not have recommended this medication as medically necessary. The use of Tramadol in conjunction with Theramine would not be supported as medically reasonable or appropriate. The use of Theramine combined with Tramadol as a medical food for a specific dietary management or nutritional deficit was not established in the clinical documentation provided for review. Therefore, this reviewer would not have recommended certification for the request.