

Case Number:	CM14-0105484		
Date Assigned:	07/30/2014	Date of Injury:	08/13/2005
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 49-year-old male who reported an injury on 08/13/2005 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the right lower extremity. The injured worker's treatment history included physical therapy, injections, spinal cord stimulator implantation, multiple medications, a functional restoration program, acupuncture, massage therapy, trigger point injections, and a TENS unit. The injured worker was evaluated on 06/02/2014. It was noted that the injured worker was ambulatory and the injured worker had lower extremity edema. The injured worker had equal bilateral deep tendon reflexes and a normal dermatological examination. The injured worker's diagnoses included a crushing injury of the foot, obesity, reflex sympathetic dystrophy of the lower limb and morbid obesity. The injured worker's treatment plan included continued pain management and a digital nerve block. A Request for Authorization for Metanx for right foot pain was submitted on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx Quantity: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Med. 2013 Feb;126(2):141-9.doi:10.1016/j.amjmed.2012.06.022.Epub 2012 Dec. 5.

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 Medical Treatment Utilization Schedule does not address medical food. The Official Disability Guidelines do not support the use of medical food unless there is specific documentation of a nutritional deficit that requires dietary management. The clinical documentation submitted for review does not provide any evidence of nutritional deficits that would benefit from nutritional management. 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 requested Metanx quantity 180 is not medically necessary or appropriate.