

Case Number:	CM14-0010821		
Date Assigned:	02/21/2014	Date of Injury:	05/24/2012
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 05/24/2012. The specific mechanism of injury was not provided. However, it was documented the injured worker felt work place harassment. The documentation of 10/30/2013 revealed the injured worker was journaling and the injured worker wrote that she had made some progress. It was indicated the injured worker and the physician discussed getting back to exercise for physical and mental help. The injured worker indicated she felt better. The injured worker continued on Zoloft 100 mg, Buspar 15 mg in the morning and 30 mg at bedtime, as well as Declan 15 mg and Klonopin 0.5 mg every morning and 0.5 mg at bedtime. The diagnoses included moderate major depression; generalized anxiety disorder; adjustment disorder with mixed anxiety and depressed mood, chronic; sleep disorder due to anxiety and depression. There was no DWC Form RFA (request for authorization), nor PR-2 (progress report) submitted for the requested medication EnLyte.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENLYTE 16MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com and the Food and Drug Administration (FDA).

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 Foods.

Decision rationale: The Official Disability Guidelines indicate that medical foods are intended for the specific dietary management of a disease or condition for which there are distinctive nutritional requirements based on recognized scientific principals and are established by medical evaluation. There was lack of documentation of a DWC Form RFA (request for authorization) or PR-2 (progress report) submitted for the request. Additionally, the frequency was not provided per the submitted request. The duration of use could not be established, since there was no DWC Form RFA, nor PR-2. Given the above, the request for EnLyte 16 mg #30 is not medically necessary.