

Case Number:	CM14-0013389		
Date Assigned:	02/26/2014	Date of Injury:	02/24/2012
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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, has a subspecialty in Pain Management 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 patient is a 57-year-old male who has submitted a claim for medial and lateral meniscal tear of the left knee, synovial hypertrophy within the medial compartment of the left knee; status post left knee surgery associated with an industrial injury date of 02/24/2012. The medical records from 06/17/2013 to 01/10/2014 were reviewed and showed that patient complained of left knee pain graded 4/10 with no associated radiation, numbness, or tingling. The physical examination revealed mild swelling over the left knee. Tenderness was noted across the medial joint line of the left knee. Post-operative range of motion examination of the left knee was unavailable based on the medical records. An MRI of the left knee dated 05/14/2012 revealed chondromalacia and medial meniscus degeneration. An MRI of the left knee dated 11/29/2012 revealed small tear of the medial meniscus, small joint effusion, and mild degenerative changes. The treatment to date has included left knee arthroscopy with partial medial and lateral meniscectomy, synovectomy and corticosteroid injection, post-operative physical therapy, soft knee brace, Norco, Voltaren, Tramadol, and Prilosec. A utilization review, dated 01/24/2014, denied the request for prescription of Toprofan #30 because there were no guidelines or any scientific evidence that establishes that any medical food combination provides the claimed benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPROFAN #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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

Decision rationale: Toprofan is a medical nutritional supplement consisting of vitamin B6, L-tryptophan, chamomile, valerian extract, melatonin, Inositol, and other ingredients. The California MTUS does not specifically address Toprofan. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, Vitamin B is not recommended for peripheral neuropathy as its efficacy is not clear. Melatonin is indicated for difficulty with sleep onset. One systematic review concluded that there is evidence to support the short-term and long-term use of Ramelteon to decrease sleep latency; however, total sleep time has not been improved. The other ingredients have unknown effects. In this case, there was no documentation of pain-induced insomnia or neuropathic pain. There was no discussion as to why Toprofan supplementation was needed. Therefore, the request for prescription of Toprofan #30 is not medically necessary.