

Case Number:	CM14-0015201		
Date Assigned:	02/28/2014	Date of Injury:	01/27/2012
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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 records indicate that the 49-year-old claimant was injured in January 2012. A repetitive motion injury involving the bilateral wrists and right shoulder is noted. The utilization of this preparation was not certified as being clinically indicated in January 2014. A chiropractic progress note dated March 2013 reports ongoing complaints of bilateral wrists, right shoulder issues and a loss of sleep. The employee is noted to be hypertensive. The physical examination reports tenderness to palpation. Furthermore, there were "psychological complaints." A sprain/strain diagnosis is offered for the involved joints. MRI the shoulder noted a full thickness tear. Electrodiagnostic testing noted no evidence of radiculopathy or carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATION RESTONE DISPENSED ON 12/2/13 FOR TREATMENT OF THE BILATERAL HANDS/WRISTS AND RIGHT SHOULDER: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: CLINICAL JUDGMENT

Decision rationale: Based on the Clinical Judgement literature, this medication is a melatonin/tryptophan combination (not actual medications only essential amino acids) with a reported indication for sleep issues, anxiety and/or depression. There are no progress notes establishing any efficacy or utility of this chiropractic dispensed medical food. As such, there is no clinical data presented to support the clinical indication for this request. The retrospective request for Restone for the bilateral hands and wrists and right shoulder is not medically necessary and appropriate.