

Case Number:	CM14-0015483		
Date Assigned:	02/28/2014	Date of Injury:	08/13/2004
Decision Date:	06/30/2014	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 Orthopedic Surgery 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 60 year old male who is reported to have sustained work related injuries on 08/13/04. It is reported that the injured worker sustained injuries to his neck, back, left leg, foot, and knee as a result of pushing furniture. It is reported that he has been diagnosed with a medial meniscus tear of the right knee and degenerative disc disease of the lumbar spine. His treatment has largely consisted of oral medications and epidural steroid injections. He is further noted to have received chiropractic treatment. The injured worker has chronic complaints of both cervical and lumbar pain. The record contains a utilization review determination dated 01/17/14 in which a 1 month supply of Theraprogen 800 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH SUPPLY OF THERAPROFEN-800: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Foods.

Decision rationale: The request for a 1 month supply of Theraprogen 800mg is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of cervical and lumbar pain secondary to the workplace event. This combination of Ibuprofen and Theramine is considered a medical food. According to the Official Disability Guidelines, the efficacy of medical foods has not been established through clinical trials. Further, the record does not provide any data which establishes that the injured worker receives benefit as a result of the use of this medical food. Therefore, the request for a One Month Supply Of Theraprogen 800 is not supported as medically necessary.