

<b>Case Number:</b>	CM14-0016999		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/24/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Pain Medicine 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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient participated in a NESP-R program beginning on 10/14/13 with questionable benefit. A urine drug screen dated 01/15/14 was positive for Suboxone and Tramadol. There was no current prescription for Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NESP-R PROGRAM #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

**Decision rationale:** The patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient participated in a NESP-R program beginning on

10/14/13 with questionable benefit. A UDS dated 01/15/14 was positive for Suboxone and Tramadol. There was no current prescription for Tramadol. It appears that despite participating in a detoxification program the patient has violated her pain management contract by taking Tramadol. The efficacy for additional program participation is not established. Therefore the request is not medically necessary.

**SERRAPEPTASE 500MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient has been provided medical foods as treatment for her condition. The use of medical foods is not supported as there is no high quality peer reviewed literature establishing the efficacy of these supplements. The patient reports benefit. However, there is no data presented which established functional improvements with these medical foods. As such this supplement would not be supported under evidenced based medicine. Therefore the request is not medically necessary.

**RELAX AND SLEEP WITH PHENIBUT #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient has been provided medical foods as treatment for her condition. The use of medical foods is not supported as there is no high quality peer reviewed literature establishing the efficacy of these supplements. The patient reports benefit. However, there is no data presented which established functional improvements with these medical foods. As such this supplement would not be supported under evidenced based medicine. Therefore the request is not medically necessary.

**RELORA 300MG #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient has been provided medical foods as treatment for her condition. The use of medical foods is not supported as there is no high quality peer reviewed literature establishing the efficacy of these supplements. The patient reports benefit. However, there is no data presented which established functional improvements with these medical foods. As such this supplement would not be supported under evidenced based medicine. Therefore the request is not medically necessary.

**GAIA HERBS AND HERBAL LAXATIVE #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient has been provided medical foods as treatment for her condition. The use of medical foods is not supported as there is no high quality peer reviewed literature establishing the efficacy of these supplements. The patient reports benefit. However, there is no data presented which established functional improvements with these medical foods. As such this supplement would not be supported under evidenced based medicine. Therefore the request is not medically necessary.

**NAMENDA 5MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 patient is a 49 year-old female who is reported to have sustained work related injuries on 01/24/07. The patient is noted to have sustained injuries to the right shoulder, scapular fracture, and has axillary nerve palsy. The patient is not a candidate for right shoulder reconstruction. The records indicate the patient has been provided medical foods as treatment for her condition. The use of medical foods is not supported as there is no high quality peer reviewed literature establishing the efficacy of these supplements. The patient reports benefit. However, there is no data presented which established functional improvements with these medical foods. As such this supplement would not be supported under evidenced based medicine. Therefore the request is not medically necessary.