

Case Number:	CM14-0019697		
Date Assigned:	04/28/2014	Date of Injury:	11/08/2010
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 40-year-old male who reported an injury on 11/8/10 after he sustained bilateral upper extremity traumatic amputations from a wood cutting machine. The injured worker had a below the elbow amputation of the right upper extremity and amputation of the middle, ring, and little fingers of the left hand followed by a revision surgery of the amputations. The injured worker's treatment history included postoperative medications, occupational therapies, prosthetics, a home exercise program, and acupuncture. The injured worker was evaluated on 2/4/14. Physical findings included a well healing scar of the left residual limbs, decreased hypersensitivity of the right residual limb. The injured worker's treatment plan included continuation of occupational therapy, acupuncture, a home exercise program, and continued medications to include Cymbalta, Neurontin, and nutritional supplements of Juan Bi formula and Heavenly Emperor to control anxiety and sleep deficits and to avoid the overuse of benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE SUPPLEMENT JUAN BI FORMULA FOR MOOD AND ANXIETY QTY:
1.00:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not specifically address this request, so alternate guidelines were used instead. The Official Disability Guidelines recommend herbal supplements for injured workers who have deficits that would benefit from these types of medications. The clinical documentation submitted for review indicates that the injured worker has been taking herbal supplements since at least October 2013. The clinical documentation submitted for review does support that the injured worker has taken this medication for mood and anxiety to reduce benzodiazepine usage; however, as the clinical documentation indicates, the injured worker has been taking this medication for an extended duration of time and there is no documentation of functional benefit or symptom relief to support continued use. Additionally, the request as it is submitted does not provide a frequency or duration of treatment. In the absence of this information, there is no way to determine the appropriateness of the request. As such, the request is not medically necessary.

CONTINUE SUPPLEMENT HEAVENLY EMPEROR FOR SLEEP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not specifically address this request, so alternate guidelines were used instead. The Official Disability Guidelines recommend herbal supplements for injured workers who have deficits that would benefit from these types of medications. The clinical documentation submitted for review indicates that the injured worker has been taking herbal supplements since at least October 2013. The clinical documentation submitted for review does support that the injured worker has taken this medication for mood and anxiety to reduce benzodiazepine usage; however, as the clinical documentation indicates, the injured worker has been taking this medication for an extended duration of time and there is no documentation of functional benefit or symptom relief to support continued use. Additionally, the request as it is submitted does not provide a frequency or duration of treatment. In the absence of this information, there is no way to determine the appropriateness of the request. As such, the request is not medically necessary.