

Case Number:	CM14-0019976		
Date Assigned:	04/28/2014	Date of Injury:	10/16/2006
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
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 38-year-old male who reported an injury on 10/16/2006 secondary to unknown mechanism of injury. The injured worker was evaluated on 01/14/2014 for reports of low back pain radiating to the lower extremities. The exam noted moderate reduction in the range of motion of the lumbar spine and tenderness to palpation. The diagnoses included lumbar radiculopathy, status post lumbar fusion, myalgia/myositis, fibromyalgia, chronic pain and insomnia. The treatment plan included continued medication therapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT FOR WORKERS COMPENSATION, ONLINE EDITION, CHAPTER: PAIN, THERAMINE; MEDICAL FOOD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MEDICAL FOODS.

Decision rationale: The Official Disability Guidelines state that medical foods are "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered, the product must be used under medical supervision. The documentation provided does not show evidence of medical supervision during the use of this medical food. There is a significant lack of evidence of the intended prescription of this medical food in the documentation provided; the requesting physicians rationale for the request was unclear. Therefore, the request is not medically necessary.

APPTRIM #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://NUTRIENTPHARMACOLOGY.COM/APPTRIM-D.HTML](http://NUTRIENTPHARMACOLOGY.COM/APPTRIM-D.HTML).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MEDICAL FOODS.

Decision rationale: The Official Disability Guidelines state that medical foods are "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered, the product must be used under medical supervision. The documentation provided does not show evidence of medical supervision during the use of this medical food. There is a significant lack of evidence of the intended prescription of this medical food in the documentation provided; the requesting physicians rationale for the request was unclear. Therefore, the request is not medically necessary.