

Case Number:	CM14-0175518		
Date Assigned:	10/28/2014	Date of Injury:	11/14/2005
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 California. 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 has submitted a claim for degeneration of intervertebral disk and cervical spondylosis without myelopathy associated with an industrial injury date of 11/14/2005. Medical records from 2014 were reviewed. Patient complained of neck and low back pain with mild radicular component. Physical examination showed tenderness of the cervical and lumbar areas. Weakness was noted at bilateral lower extremities. Treatment to date has included cervical spine surgery, physical therapy, massage therapy, aquatic therapy, and medications such as Norco, Flexeril, Restone (since March 2014), Miseflex, and Colox (since June 2014). Utilization review from 9/23/2014 denied the requests for Colox 750 mg, quantity 90; Miseflex 167/65/200 mg, quantity 120; and Restone 3/100mg, #30. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restone 3/100mg #30: Upheld

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

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 Food

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, Pain Chapter was used instead. It states that Restone is a proprietary blend of melatonin 3mg and L-tryptophan 100mg. As a medical food, 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety, and sleep disorders. In this case, the patient has been on Restone since March 2014 for insomnia. However, there is no documentation concerning sleep improvement derived from its use. There is likewise no data concerning sleep hygiene. The medical necessity cannot be established due to insufficient information. Therefore, the request for Restone 3/100mg #30 is not medically necessary.

Miseflex 167/65/200mg #120: 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), Medical foods, criteria for use

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 Food Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Miseflex

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, Pain Chapter was used instead. ODG states that medical foods are formulated 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. A search of online resources showed that Miseflex is a nutritional supplement consisting of a combination of calcium, magnesium, chondroitin, bromelain, valerian, passiflora and ginkgo biloba. In this case, the patient has been on Miseflex since June 2014. However, the submitted records failed to include laboratory values indicating nutritional deficiency. There is no discussion as to why this medication is being prescribed. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Therefore, the request for Miseflex 167/65/200mg #120 is not medically necessary.

Colox 750mg #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 (ODG), Medical foods, criteria for use

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: Diagnoplex Official Website

Decision rationale: The CA MTUS and ODG do not specifically address this topic. A search of online resources showed that Diagnoplexe's colorectal cancer screening test (Colox) combines 29 selected biomarkers to screen asymptomatic people 'at risk' of colorectal cancer. Individuals testing positive with Colox can be referred for colonoscopy, where polyps or lesions can be removed endoscopically and stage I to stage IV disease can be managed proactively. In this case, the patient is a 49-year-old female without reported signs and symptoms pertaining to colorectal disease. There is no documented rationale for prescribing Colox when patient already underwent colonoscopy on 4/1/2014. Medical records reviewed failed to include results of the procedure. The medical necessity for prescribing Colox cannot be established due to insufficient information. Therefore, the request for Colox 750mg #90 is not medically necessary.