

<b>Case Number:</b>	CM14-0020316		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in: Pain Management 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:

This is a 36-year-old female patient with an 8/22/12 date of injury. The mechanism of injury was not provided. A 11/19/13 progress report indicated that the patient complained of lower back pain, 8/10, bilateral hand pain, 9/10, and bilateral shoulder pain, 8/10. Physical exam demonstrated bilateral trigger point myospasm, tenderness over paracervical muscles. Range of motion was decreased and did not change since last visit. She was diagnosed with cervical spine strain, lumbar spine strain, left thoracic outlet syndrome with bilateral plexopathy, and NSAID induced gastritis. Treatment to date: medication management. There is documentation of a previous 1/21/14 adverse determination because it is not clear why the patient needs an immune enhancer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMUHANCE 450 MG #90 TAKE 1 3X/DAY:** 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 First Farma drug store. Imuhance.

**Decision rationale:** CA MTUS and Official Disability Guidelines do not address this issue. A search of online resources indicate that Imuhance is a cluster of herbal extracts and natural molecules. It is classified as a food supplement. Basically, Imuhance is developed to support the integrity and functions of the Immune system. One tablet provides: 160mg. Greenmunox, 120mg. Barley Grass Powder (Organic) 50mg. Focagox, 25ug, Sulforaphane, 3.13mg from Broccoli Sprout Powder. The patient presented with lower back, hand and shoulder pain. However, there was no evidence of immune system impairment, or documented diagnosis of cancer. In addition, it was unclear why the patient needs an immune enhancer. Therefore, the request for Imuhance 450 mg #90 take 1 3x/day is not medically necessary.