

Case Number:	CM14-0039639		
Date Assigned:	07/30/2014	Date of Injury:	04/24/2009
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 4/24/2009. Per Agreed Medical Examination (AME) dated 4/29/2014, the injured worker currently complains of constant neck pain. Her pain increases with upward and downward gazing and prolonged positioning of the neck. She complains of constant left shoulder pain, aggravated with reaching above shoulder level, pushing, pulling and lifting activities. She notes constant right elbow pain. Her symptoms increase with reaching and handwork. She notes constant right wrist and left wrist pain. Her symptoms worsen with gripping, grasping and handwork. She also complains of constant low back pain, aggravated with bending, stooping, twisting, forceful pushing, pulling and lifting. She notes occasional bilateral foot pain, aggravated with prolonged walking and standing. On examination left shoulder abduction, flexion and internal rotation are reduced. There is bilateral elbow lateral epicondylar tenderness. Diagnoses include 1) history of neck strain due to cumulative trauma 2) fibromyalgia 3) somatization disorder with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Probiotics #90 times 2 bottles: 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), Pain Chapter, Medical Foods.

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 section.

Decision rationale: The MTUS Guidelines do not address the use of probiotics or other medical foods. The ODG does not recommend the use of medical foods such as probiotics except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for probiotics #90 x 2 bottles is determined to not be medically necessary.

Sentra AM #60, times 2 bottles: 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), Pain Chapter, Medical Foods.

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 section.

Decision rationale: The MTUS Guidelines do not address the use of Sentra AM or other medical foods. The ODG does not recommend the use of medical foods such as Sentra AM except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for Sentra AM #60 x 2 bottles is determined to not be medically necessary.

Sentra PM #60 times 2 bottles: 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), Pain Chapter, Medical Foods.

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 section, Sentra PM section.

Decision rationale: The MTUS Guidelines do not address the use of Sentra PM or other medical foods. The ODG does not recommend the use of medical foods such as Sentra PM except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for Sentra PM #60 x 2 bottles is determined to not be medically necessary.

Theramine #90 times 2 bottles: 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), Pain Chapter, Medical Foods.

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 section, Theramine section.

Decision rationale: The MTUS Guidelines do not address the use of Theramine or other medical foods. The ODG does not recommend the use of medical foods such as Theramine except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for Theramine #90 x 2 bottles is determined to not be medically necessary.

Hypertensa #60, times 2 bottles: 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), Pain Chapter, Medical Foods.

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 section.

Decision rationale: The MTUS Guidelines do not address the use of Hypertensa or other medical foods. The ODG does not recommend the use of medical foods such as Hypertensa except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for Hypertensa #60 x 2 bottles is determined to not be medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (screening for risk of addiction (tests)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is not prescribed opioid pain medications or other medications that may be of concern for abuse. There is no indication that the requesting physician has any concern of abuse, addiction or other aberrant drug behaviors in

the treatment and pain management. The request for urine drug screen is determined to not be medically necessary.