

Case Number:	CM14-0058424		
Date Assigned:	07/09/2014	Date of Injury:	05/19/2010
Decision Date:	09/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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:

The injured worker is a 54 year-old female, who sustained an injury on May 19, 2010. The mechanism of injury occurred from a motor vehicle accident. Urine drug screen dated February 26, 2014 was reported as negative for all medications. Treatments have included medications and gym exercise. The current diagnoses are cervical disc herniation/degeneration, lumbar disc herniation/degeneration, neuropathic pain, and tension headaches. The stated purpose of the request for Theramine tablets #120 was to treat neuropathic pain. The request for Theramine tablets #120 was denied on April 22, 2014, citing a lack of documentation of any specific dietary diseases or conditions nor nutritional requirements requiring nutritional supplements. The stated purpose of the request for Joint vibrance was not noted. The request for Joint vibrance was denied on April 22, 2014, citing a lack of documentation of any specific dietary diseases or conditions nor nutritional requirements requiring nutritional supplements. Per the report dated April 14, 2014, the treating physician noted complaints of pain to the low back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine tablets #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Official Medical Fee Schedule, Official Disability Guidelines, Pain; Medical food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food.

Decision rationale: The requested Theramine tablets #120 are not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has pain to the low back and neck. The treating physician has documented that the patient is doing well with the current treatment regimen. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine tablets #120, is not medically necessary.

Joint vibrance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Official Medical Fee Schedule, Official Disability Guidelines, Pain; 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 (Chronic) Chapter, Medical Food.

Decision rationale: The requested Joint vibrance is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has pain to the low back and neck. The treating physician has documented that the patient is doing well with the current treatment regimen. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-

reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Joint vibrance is not medically necessary.