

Case Number:	CM14-0061014		
Date Assigned:	07/09/2014	Date of Injury:	11/14/2011
Decision Date:	09/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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:

This is a 65-year-old female patient whose date of injury is 11/14/2011. The mechanism of injury was a slip and fall due to water on the restroom floor. The patient injured her right ankle. On a examination dated 12/3/2012 the patient complains of low back pain at 9/10, left hip, leg, and bilateral foot pain at 6/10, bilateral buttocks pain at 7/10, bilateral shoulder and right upper arm pain at 6/10, bilateral forearm pain at 5/10, headaches, and pain in the back of the head, upper and mid back. Complaints of bilateral ankle pain rated at 3/10, chest, abdomen, and bilateral elbow pain at 2/10. The patient reports that the pain is associated with weakness in the entire body. She states that since her last visit she feels worse. The patient is also being treated for depression and hypothyroidism. The current diagnostic impression is lumbar sprain, vertebral disc lesion, and lumbosacral radiculitis. Treatment to date has included Acupuncture, aquatic and physical therapy, lumber ESIs, MRI of lower back, chiropractic treatment, and medication management. A Utilization Review decision dated 4/4/2014 denied the requests for Vitalee #30 and Tizanidine HCL 4mg tablets #30. The rationale for denial of Vitalee #30 DOS 8/23/12-10/20/12-12/12/12 was that Vitalee is a medical food. CA MTUS does not address this but ODG states that the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The records do not clarify as to why the patient needs this or why it would be preferable to any FDA labeled product. The rationale for denial of Tizanidine 4 mg DOS 12/18/12 was that CA MTUS guidelines state that muscle relaxants should be use as a second-line option for the short-term treatment of acute exacerbation in patients with chronic pain. There were insufficient current records available to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Vitalee #30 DOS 8/23/12-10/20/12-12/12/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medications. Vitalee is a medical food taken as a nutritional supplement. CA MTUS does not address this issue. ODG states that a medical food that is to be administered under the supervision of a physician 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. The patient's records do not demonstrate a rationale as to why or for what reason this patient needs a nutritional supplement. Therefore, the request for Vitalee #30 is not medically necessary.

Tizanidine HCL 4 mg Tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is little current documentation to support the use of a muscle relaxant. Muscle relaxants are only recommended as second-line options for short-term treatment of an acute exacerbation of symptoms with chronic lower back pain. There is no report of an acute episode or any evidence of new injury. Therefore, the request for Tizanidine HCl 4mg tablet #30 is not medically necessary.