

Case Number:	CM14-0077230		
Date Assigned:	08/04/2014	Date of Injury:	02/21/2009
Decision Date:	09/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Texas. 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 02/21/09 when she sustained trauma to the head and low back. The injured worker had been followed for continuing complaints of low back pain radiating to the lower extremities that was impacting the ability to perform activities of daily living. The injured worker does have a noted history of medical food use since 2013. As of 04/07/14, the injured worker continued to complain of low back pain radiating to the lower extremities with associated muscle spasms. The injured worker described anxiety and depression. Physical examination noted limited range of motion of the lumbar spine with associated tenderness to palpation, straight leg raising was positive bilaterally; decreased strength in the lower extremities as well as sensory loss, no specific dermatomal distribution was noted. The injured worker was continued with compounded medical foods and other proprietary ingredients at this evaluation. The injured worker's follow up on 04/29/14 did not identify any significant changes to physical examination or pain scores. As of 05/09/14, the injured worker continued to have complaints of low back pain radiating to the lower extremities. The injured worker's pain scores remained unchanged and there were no significant changes on physical examination. The injured worker was again continued with multiple compounded medical foods with proprietary ingredients at this evaluation. As of 06/12/14, no substantial change in the injured worker's pain scores or physical examination findings were noted. The requested compounded medical foods and proprietary ingredients to include Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex with urine toxicology screen were all denied by utilization review on 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 500ml: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In review of the clinical documentation submitted, the requested medical food that is in solution with other proprietary ingredients would not be supported as medically necessary. The injured worker has utilized this type of medication on a long term basis since 2013. From the clinical notes, there does not appear to be any apparent functional benefits obtained with the use of this medication that would have warranted its ongoing use. The injured worker's pain scores remained severely elevated without evidence of functional improvement. Given the lack of any indication regarding the efficacy of this medication and as compounded medical foods with proprietary ingredients are not well supported in the clinical literature for the treatment of chronic pain, the requested medication is not medically necessary at this time.

Tabradol 250ml: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In review of the clinical documentation submitted, the requested medical food that is in solution with other proprietary ingredients would not be supported as medically necessary. The injured worker has utilized this type of medication on a long term basis since 2013. From the clinical notes, there does not appear to be any apparent functional benefits obtained with the use of this medication that would have warranted its ongoing use. The injured worker's pain scores remained severely elevated without evidence of functional improvement. Given the lack of any indication regarding the efficacy of this medication and as compounded medical foods with proprietary ingredients are not well supported in the clinical literature for the treatment of chronic pain, the requested medication is not medically necessary at this time.

Deprizine 250ml: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In review of the clinical documentation submitted, the requested medical food that is in solution with other proprietary ingredients would not be supported as medically necessary. The injured worker has utilized this type of medication on a long term basis since 2013. From the clinical notes, there does not appear to be any apparent functional benefits obtained with the use of this medication that would have warranted its ongoing use. The injured worker's pain scores remained severely elevated without evidence of functional improvement. Given the lack of any indication regarding the efficacy of this medication and as compounded medical foods with proprietary ingredients are not well supported in the clinical literature for the treatment of chronic pain, the requested medication is not medically necessary at this time.

Dicopanol 150ml: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In review of the clinical documentation submitted, the requested medical food that is in solution with other proprietary ingredients would not be supported as medically necessary. The injured worker has utilized this type of medication on a long term basis since 2013. From the clinical notes, there does not appear to be any apparent functional benefits obtained with the use of this medication that would have warranted its ongoing use. The injured worker's pain scores remained severely elevated without evidence of functional improvement. Given the lack of any indication regarding the efficacy of this medication and as compounded medical foods with proprietary ingredients are not well supported in the clinical literature for the treatment of chronic pain, the requested medication is not medically necessary at this time.

Fanatrex 420ml: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In review of the clinical documentation submitted, the requested medical food that is in solution with other proprietary ingredients would not be supported as medically necessary. The injured worker has utilized this type of medication on a long term basis since 2013. From the clinical notes, there does not appear to be any apparent functional benefits

obtained with the use of this medication that would have warranted its ongoing use. The injured worker's pain scores remained severely elevated without evidence of functional improvement. Given the lack of any indication regarding the efficacy of this medication and as compounded medical foods with proprietary ingredients are not well supported in the clinical literature for the treatment of chronic pain, the requested medication is not medically necessary at this time.

Urine toxicology screen: Upheld

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

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, Urine Drug Testing.

Decision rationale: In review of the clinical documentation submitted for review, the requested urine toxicology screen would not be supported as medically necessary. The current clinical documentation did not identify any prescribed scheduled substances. The injured worker has no updated indications regarding high risk factors for medication abuse or diversion. As such, the requested urine toxicology screen is not medically necessary at this time.