MAXIMUS Federal Services

Case Number:	CM14-0079154		
Date Assigned:	07/18/2014	Date of Injury:	05/01/2013
Decision Date:	09/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Practice 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 56 year old female who had a work related injury on 05/01/13. Mechanism of injury was not described. During an office visit dated 03/28/14, the injured worker complained of constant mid back pain, 8/10, constant low back pain radiating to lower extremities with numbness and tingling rated 8/10, depression, anxiety. She denied any side effects with current medication. Pain without medication was 10/10; with medication it was 7/10. Topical creams and patches decreased pain and increased sleep. Physical examination determined thoracic spine range of motion flexion was 35 degrees, right rotation 15 degrees and left rotation 15 degrees. There was tenderness in the thoracic spine with spasm. Lumbar range of motion, 35 degrees of flexion, extension 10 degrees. Lateral flexion bilaterally 15 degrees. Positive straight leg raise on the right. She was also provided Theramine, Sentra AM and PM, GABAdone, and Ibuprofen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Medical food.

Decision rationale: Per the ODG, medical food must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. There is no documentation of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. As such, the request is not medically necessary and appropriate.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Medical food.

Decision rationale: Per the ODG, medical food must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. There is no documentation of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. As such, the request is not medically necessary and appropriate.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Medical food.

Decision rationale: Per the ODG, medical food must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. There is no documentation of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. As such, medical necessity has not been established.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Medical food.

Decision rationale: Per the ODG, medical food must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. There is no documentation of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. As such, medical necessity has not been established.

Menthoderm Gel #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request is not medically necessary and appropriate.