

Case Number:	CM14-0206859		
Date Assigned:	12/18/2014	Date of Injury:	09/12/2014
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 North Carolina. 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 patient is a 53-year-old with a reported date of injury of 09/12/2014. The patient has the diagnoses of right ankle sprain, right thigh contusion and right lower leg contusion. The mechanism of injury is a fall that occurred in-between a ramp and truck at work. Per the progress notes from the requesting physician dated 11/07/2014, the patient had moderate right knee swelling. The rest of the progress note is hand written and illegible. Treatment plan recommendations included medications, urine toxicology screening, chiropractic care and acupuncture. Previous treatment modalities have included a cane for walking and a boot cast.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), 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) Medical Foods

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The requested medication is a medical food

that is a blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan and GABA. It is intended to treat sleep disorders, promote restorative sleep and reduce snoring. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have a medical condition that would require special medical foods as described in the above criteria. The criteria per the ODG have not been met. Therefore, 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 (ODG), 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) Medical Foods

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The medication is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, neurotoxicity induced fatigue syndrome and cognitive impairment. It is a blend of choline bitartrate, glutamate, acetyl-L-carnitine, polyphenol antioxidants, cocoa powder, grape-seed extract and ginkgo biloba. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met. Therefore, the request is not medically necessary and appropriate.

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 (ODG), 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) Medical Foods

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The requested medication is intended in the use and treatment of sleep disorder, promoting restorative sleep and reducing snoring. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does have mention of insomnia in the progress notes but there is no indication for medical foods as per the ODG criteria for use. The criteria per the ODG have not been met. Therefore, the request is not medically necessary and appropriate.

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 (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Theramine

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The requested medication is a medical food that is a blend Of GABA, choline bitartrate, L-arginine and L-serine. It is intended for the treatment of acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The criteria per the ODG have not been met. Therefore the request is not medically necessary and appropriate.