MAXIMUS Federal Services

Case Number:	CM14-0209908		
Date Assigned:	12/22/2014	Date of Injury:	09/04/2001
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year-old female with date of injury 09/04/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2014, lists subjective complaints as dental and digestive issues. The objective findings: Examination of the abdomen revealed it to be soft. Light epigastric and LLQ tenderness to palpation. No other physical examination findings were documented by the provider. Diagnosis: 1. Chronic pain state, especially relative to the right shoulder/ upper extremity and neck 2. Fibromyalgia with chronic fatigue 3. Chronic headaches, mixed types 4. Anxiety, depression, insomnia 5. GERD 6. Asthma 7. Rhinosinusitis, industrial 8. Osteopenia 9. Dental decay/ trauma 11. Dysphagia 12. Pseudoseizures.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [redacted] Protein Drink #90, 30 day supply with 5 refills: 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 (Chronic), Medical food

Decision rationale: [redacted] Protein Drink is considered a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and 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. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. In addition, there is no documentation showing that the patient is unable to tolerate solid food. [redacted] Protein Drink #90, 30 day supply with 5 refills is not medically necessary.