MAXIMUS Federal Services

Case Number:	CM14-0073738		
Date Assigned:	08/06/2014	Date of Injury:	06/23/2003
Decision Date:	01/02/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; and blood sugar lowering medications for diabetes. In a Utilization Review Report dated April 23, 2014, the claims administrator failed to approve requests for Hypertensa and Apptrim, dietary supplements. The claims administrator stated that its decisions were based on a March 28, 2014 progress note. The applicant's attorney subsequently appealed. On March 28, 2014, the applicant reported ongoing complaints of temporomandibular joint disorder, bruxism, diabetes, hypertension, diabetic retinopathy, dyslipidemia, and sleep apnea. A 2D echocardiogram, Norvasc, Zestril, Lovaza, metformin, Apptrim, Hypertensa, and Sentra were endorsed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #60 2 Bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Hypertensa are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Apptrim #120 2 Bottles: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements section

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Apptrim are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits in the treatment of the same. In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The attending provider did not, indeed, furnish any rationale for selection, introduction, and/or ongoing usage of this or any other dietary supplements, including Sentra. Therefore, the request was not medically necessary.