MAXIMUS Federal Services

Case Number:	CM14-0089595		
Date Assigned:	07/23/2014	Date of Injury:	11/07/2011
Decision Date:	01/02/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 43year old woman who has a work related injury dated 11/7/11 resulting in chronic pain of the neck, shoulders, head and upper extremities. The patient had a qualified medical exam on 3/31/14. Diagnosis includes post-concussion syndrome, left and right shoulder tendinitis/impingement, bilateral wrists S/S, superimpose CTS, plantar fasciitis, Achilles tendinitis, lumbago and depressive disorder. Under consideration is the medical necessity of medical foods sentra pm #60 and tramadol/L-Carnitine 40/125mg #81 which was denied during utilization review dated 5/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th edition, 2014, Pain, Medical Food

Decision rationale: The California MTUS does not address medical foods. The ODG advises that medical foods are "a food which is formulated to be consumed or administered internally 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. 'To be considered the product must, at a minimum meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; 3. The product must be used under medical supervision.In this case the documentation doesn't support that the patient has a distinctive nutritional requirement that is not being fulfilled and that requires a medical food. There is not a specific medical disorder, disease, or condition for which this medical food is prescribed. The use of this medical food is not medically necessary.

Tramadol/L-carnitine 40/125mg, #81: 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 foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th edition, 2014, Pain, Medical Food

Decision rationale: The California MTUS does not address medical foods. The Official Disability Guidelines (ODG) advises that medical foods are "a food which is formulated to be consumed or administered internally 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. 'To be considered the product must, at a minimum meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; 3. The product must be used under medical supervision. In this case the documentation doesn't support that the patient has a distinctive nutritional requirement that is not being fulfilled and that requires a medical food. There is not a specific medical disorder, disease, or condition for which this medical food is prescribed. The use of this medical food is not medically necessary.