MAXIMUS Federal Services

Case Number:	CM15-0000531		
Date Assigned:	01/12/2015	Date of Injury:	11/01/2011
Decision Date:	03/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	01/02/2015

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: Physical Medicine & Rehabilitation

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 44 year old female who suffered a work related injury on 11/01/11. Per the physician notes from 11/11/14 she is sleeping 9 hours at night, waking 3 times. She reports worsening weakness and malaise, palpations, jaw bone pain, vision and headaches. She also notes alternating constipation and diarrhea. Diagnoses include osteomyelitis of the jaw secondary to MRSA infection, psychiatric diagnosis, and hypertension. Medications include Gaviscon, Citrucel, Probiotics, Losartan/HCTZ, Clonidine, and Hypertensa. Infectious disease and Hematology consultations are pending. On 11/25/14 the Claims Administrator non-certified the Hypertensa as it is a medical food. ODG was cited. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #90 REF x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): page 136-137, on COMPLEMENTARY, ALTERNATIVE TREATMENTS, OR DIETARY SUPPLEMENTS. Decision based on Non-MTUS Citation Pain, Medical food, pages 729, 758-759

Decision rationale: Hypertensa is a Medical Food product that provides amino acids, precursors to the neurotransmitters that have been depleted due to certain disease states or as a result of certain drug side effects. This Medical Food stimulates the body to produce the neurotransmitters that induce sleep, promote restorative sleep, and reduce snoring. Patients with sleep disorders frequently experience a nutritional deficiency of tryptophan and choline. Patients with sleep disorders frequently show reduced blood levels of serotonin and 5-hydroxytryptophan. Choline deficiency has also been associated with sleep disorders, particularly those associated with sleep apnea syndromes. Hypertensa is considered a medical food, used for the treatment of disease states with known nutritional deficiencies. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of nutritional deficiency. According to the FDA, specific requirements for the safety or appropriate use of medical foods have not yet been established and Hypertensa is not FDA approved for any indication. Therefore, the use of any medical food or medical food combination would be considered experimental. Guidelines state this formulated food may be recommended for specific dietary management of a disease or condition for which distinctive nutritional requirements have been established by medical evaluation based on scientific principles. The provider had not documented the indication, clinical findings, diagnoses or medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for this medical food. The Hypertensa #90 REF x5 is not medically necessary and appropriate.