

Case Number:	CM15-0137404		
Date Assigned:	07/27/2015	Date of Injury:	06/20/2009
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 41-year-old male who sustained an industrial/work injury on 6/20/09. He reported an initial complaint of multiple site pain and neuropathy. The injured worker was diagnosed as having closed head trauma; post traumatic headaches; impaired mentation; cervical, lumbar, left shoulder strain; intermittent blurred vision. Treatment to date includes medication and diagnostics. MRI results were reported on 6/29/12. Currently, the injured worker complained of neuropathic pain, especially in the right lower extremity. Per the primary physician's report (PR-2) on 6/18/15, alert, lucid, slightly restricted affect, site tender upper back neck trapezius increasing with neck rotation at 70 degrees bilaterally, shoulder raise intact, elbow flexion extension full, grip is adequate, menu muscle testing 5/5 elbow extension grip and pinch, tender low back and both buttocks and left popliteal fossa, negative Homan's on left side, hips flex 90 degrees, knees extend 0 degrees and flex past 90 degrees. The requested treatments include Metanx 3-90.314-2-35mg a day for neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx 3-90.314-2-35mg a day for neuropathy qty: 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, McKesson InterQual

Guidelines and Official Disability Guidelines (ODG) - Treatment in Workers Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 02/14/12).

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 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 requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.