

Case Number:	CM15-0161128		
Date Assigned:	08/27/2015	Date of Injury:	03/26/2014
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female who sustained an industrial injury on 3-26-14. In a progress report dated 6-3-15, the primary treating physician notes complaints of headaches, pain in neck, lower back, right shoulder, bilateral elbows, bilateral hips, right ankle-foot. Pain in the right ankle-foot is reported to have remained the same as last visit and is rated at 7 out of 10. There is restricted range of motion and grade 2 tenderness to palpation of the right ankle, which is an increase from grade 1 on the last visit. There is grade 2 tenderness of the right foot, which is an increase from grade 1 on the last visit. Effusion of the right ankle is noted. She ambulates with a cane. Previous treatment includes surgery, Tramadol, rest and physical therapy. The diagnostic impression is head pain, cervical spine musculoligamentous strain-sprain with radiculitis, rule out cervical spine discogenic disease, lumbar spine musculoligamentous strain-sprain with radiculitis, rule out lumbar spine discogenic disease, right shoulder strain-sprain, tendinitis, rule out right shoulder rotator cuff, bilateral elbow strain-sprain secondary to use of cane, right elbow lateral epicondylitis, bilateral hip strain-sprain secondary to antalgic gait, right hip trochanteric bursitis, status post right ankle open reduction and internal fixation surgery in 3-2014 with residual pain and decreased range of motion; exacerbation; tendinosis; synovitis, history left small toe fracture, and sleep disturbance secondary to pain. Work status is temporary total disability from 6-30-15 until 7-15-15. The treatment plan is to continue physical therapy for the lumbar spine and right ankle 2 times a week for 6 weeks, Tramadol, Trepadone, Flurbi (NAP) Cream LA to affected areas in mornings, Gabacyclotram to affected areas in the evening, right

ankle hardware removal with arthroscopic surgery and post-operative physical therapy for the right ankle. The requested treatment is Treadone #120 for 1 month for the right ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treadone #120 for 1 month for right ankle foot: 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).

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 Foods.

Decision rationale: The MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about medical foods: 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 records submitted for review do not include evidence that the injured worker has any distinctive nutritional requirements. The request is not medically necessary.