

<b>Case Number:</b>	CM15-0169155		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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:

This is a 40 year old male with a date of injury on 11-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, cervical radiculopathy, cervical spine disc protrusion, thoracic spine sprain-strain, lumbar spine sprain-strain, lumbar disc protrusion, lumbar radiculopathy and bilateral shoulder sprain-strain. Medical records (5-21-2015 to 7-6-2015) indicate ongoing headaches, neck pain, mid back pain and low back pain radiating to the lower extremities with numbness and tingling in the legs. He also complained of constant bilateral shoulder pain. He rated the pain at five to six out of ten. Per the treating physician (7-6-2015), the employee has not returned to work. The physical exam (5-21-2015 to 7-6-2015) reveals slight changes in ranges of motion of the cervical spine, bilateral shoulders and lumbar spine. There was tenderness to palpation along the cervical spine, the bilateral trapezius muscles and the lumbar spine. Treatment has included at least 6 sessions of physical therapy, magnetic resonance imaging (MRI) and medications (Cyclobenzaprine, Norco, Omeprazole and Naproxen Sodium). The request for authorization dated 7-15-2015 was for a follow up visit, oral medications and topical medications. The original Utilization Review (UR) (7-28-2015) non-certified a request for Treadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treadone cap #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods; Trepadone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical food.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized disease state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria and therefore the request is not medically necessary.