

<b>Case Number:</b>	CM15-0181771		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 51 year old man sustained an industrial injury on 4-3-2009. Diagnoses include cervical spondylosis with myelopathy, dysphasia, dysphonia, cervicalgia, lumbago, and tinnitus. Treatment has included oral medications and surgical intervention. Physician notes dated 9-1-2015 show complaints of relatively unchanged neck and upper back pain as well as tinnitus. The worker rates his pain 8 out of 10 without medications and 6 out of 10 with medications. The physical examination shows bilateral trapezius muscles are tender to palpation at C2-C6, paraspinal muscle spasms with tenderness to palpation, cervical spine range of motion shows forward flexion 40 degrees, extension 20 degrees with mild crepitus, left rotation 30 degrees, right rotation 45 degrees, lateral bend 20 degrees bilaterally with pain. Bilateral occiput is tender to palpation with vertigo and nausea induced with head flexion and extension. Lumbar spine L2-S1 tender to palpation, paraspinal spasms starting bilaterally at T10, and bilateral lumbar muscle tension and spasm with mild tenderness to palpation. Extremities show right grip and forearm strength normal, left grip and thumb opposition 2 out of 5, forearm 3 out of 5, shoulder normal with atrophy of the biceps and forearm muscles noted. Deep tendon reflexes of the left upper extremity triceps is normal and brachial and brachioradialis 1 out of 2. Recommendations include continue protein supplement, [REDACTED] wheyboolic, and follow up in four weeks. Utilization Review denied a request for [REDACTED] wheyboolic citing no inability to swallow per the last few physician notes and a stable weight.

## IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■ wheyboolic protein supplement: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis - Protein and energy supplementation and Pain (Chronic) - Medical food and Other Medical Treatment Guidelines <http://www.gnc.com/GNC-Pro-Performance-AMP-Amplified-Wheyboolic-Extreme-60-Original-Chocolate/product.jsp> product Id=3509954 and Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

**Decision rationale:** ■■■■ wheyboolic protein supplement is not medically necessary per the updated ACOEM Guidelines and the ODG. The MTUS Chronic Pain Medical Treatment Guidelines do not address this request. The ODG recommends protein and energy supplements after hip fracture. The updated ACOEM and the ODG guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not indicate evidence of hip fracture. The documentation does not reveal extenuating dietary deficiency that necessitates this protein supplement therefore this request is not medically necessary.