

Case Number:	CM15-0200771		
Date Assigned:	10/15/2015	Date of Injury:	02/08/2005
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey, New York
 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 43 year old male who sustained an industrial injury on 2-8-05. Diagnoses are noted as lumbar radiculopathy, chronic pain syndrome, neuropathic pain, prescription narcotic dependence, chronic pain-related insomnia, neck pain, chronic pain related depressive anxiety, and total body pain. Subjective complaints (7-13-15) include pain rated at 8 out of 10. It is noted he has been taking small doses of buprenorphine and that "the buprenorphine takes away the back pain but it does not help the headache." It is noted he is averaging one Fioricet per day for the headache. Objective findings (7-13-15) include a very good mood, no pain when leaving the clinic. It is noted the urine drug screen was negative for buprenorphine and has been negative the last several times and that the worker indicates he has been taking it, but in very small doses. Fioricet showed up on the drug screen, Ativan did not. It is reported that he still feels depressed when home alone and goes through periods of hopelessness. The treatment plan includes "start L-acetyl Tyrosine 500mg twice a day for Dopamine effect and mood elevation #60", chiropractic care, buprenorphine troches, MVT, prilosec, Celebrex, Relax and Sleep 1-2 at bedtime as needed, Schisandra, Zofran, Gaia Herbs natural laxative, and 5HTP. The requested treatment of L-acetyl Tyrosine 350mg #60 was non-certified on 10-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-acetyl Tyrosine 350mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natural Medicines Database.

Decision rationale: The request is not medically necessary. There are no MTUS or ODG guidelines to use the supplement L acetyl tyrosine. According to Natural Medicines Database, it is used for depression, to increase alertness with sleep deprivation, and ADHD. Because there are no clear-cut guidelines for its use in worker's compensation cases, it is not medically necessary.