

Case Number:	CM15-0201812		
Date Assigned:	10/16/2015	Date of Injury:	01/25/1991
Decision Date:	12/31/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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 York, California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 58 year old female who sustained an industrial injury on 1-25-91. A review of the medical records indicates she is undergoing treatment for chronic pain syndrome, primary fibromyalgia syndrome - acute, obesity, diabetes mellitus, chromium deficiency - acute, and disorder of vitamin C - acute. Medical records (9-9-15) indicate increased ankle pain due to "recent weather changes" and feelings that her ankles "want to roll". She reports "increased walking" and that her back pain is reduced with physical therapy. She also indicates that "if could lose weight would help". The treating provider indicates "Cushingoid habitus" and an "independent normal gait". The provider indicates weight loss "subsequent to gastric bypass, but weight gain subsequent injury". The treatment plan is to resume weight loss program due to weight gain due to injury, 6 dietician visits - 1300 calorie meal plan, [REDACTED] UltraInflamX 360, [REDACTED] Vitamin D3 liquid, [REDACTED] Wellness Essentials, and to continue to perform stretches and exercises daily. The utilization review (9-21-15) includes requests for authorization of Ultra InflamX 360, 2 jars, Vitamin D2 liquid, 2 bottles, Essential Wellness boxes x 2, and Dietician x 6 visits. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra Inflammx 360 2 jars: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain medical food and Other Medical Treatment Guidelines <http://www.██████████.com/mp/medical-foods/ultrainflamx>.

Decision rationale: Ca MTUS is silent on this topic. According the above reference, "UltraInflamX is a medical food formulated to provide strategic macro- and micronutrient support for patients with compromised gut function resulting from inflammatory bowel disease, including ulcerative colitis and Crohn's disease." ODG guidelines state medical food is not recommended for chronic pain as "they have not been shown to produce meaningful benefits or improvements in functional outcomes." ODG further states "there are no quality studies demonstrating the benefit of medial foods in the treatment of chronic pain." As such, the request for Metanx is not medically necessary.

Vitamin D2 Liquid 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Vitamin D.

Decision rationale: Ca-MTUS is silent on this topic. According to ODG recommendations, Vitamin D is "Not recommended for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. Adjusting for these factors attenuated the relationship, although pain remained moderately associated with increased odds of 20% of having low vitamin D levels." The documentation submitted does not include evidence of Vitamin D deficiency. There are no signs, symptoms, or discussion why this medication is being requested. Finally, the request does not include the frequency or dosing of this agent. The request for Vitamin D2 is determined not medically necessary.

Essential wellness boxes x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://consensus.nih.gov/2006/multivitaminstatement.htm#q3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter: Vitamin B Vitamin D, Vitamin K.

Decision rationale: The submitted request does not discuss the supplements that are contained within the requested essential wellness boxes. In general, essential wellness boxes contain supplements to promote health including multiple vitamins. Ca MTUS is silent regarding vitamin supplementation. The referenced ODG guidelines states Vitamin B, D and K supplementation is not recommended in the treatment of chronic pain. This request cannot be adequately reviewed as the ingredients of the requested item are not known. Nonetheless, several vitamins are determined not medically necessary. As such, the request for essential wellness boxes is determined not medically necessary.

Dietician x6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Office Visits and Other Medical Treatment Guidelines
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3331817/>.

Decision rationale: Ca-MTUS does not discuss this topic. ODG does not discuss dietician visits, but does discuss office visit. Dietitians specialize in therapeutic nutrition. It is unclear from the documentation the specific reason for this referral. The IW has diabetes and this disease process is integral with food choices. There is also discussion of weight loss surgery for this IW. The IW has a diagnosis of obesity. The documentation does not provide the IW body mass index. There is no discussion of any efforts at weight loss or documentation of food choices or weight. While a dietitian may provide evaluation and suggestions to healthier food choices, without clear goals, the request for 6 visits is excess. The request is determined not medically necessary.