

Case Number:	CM15-0219419		
Date Assigned:	11/13/2015	Date of Injury:	11/09/2011
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/09/2015

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, 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 11-9-11. The injured worker was being treated for lumbar spondylosis, bilateral lumbar radiculopathy, spinal stenosis and residuals of thoracic spondylosis. 9-11-15, the injured worker complains of increased low back pain, residual back pain and occasional urinary spotting with increased low back pain. Work status is unclear. On 9-11-15, physical exam was deferred. Treatment to date has included oral medications including Topamax, Duexis and samples of Metanx, intramuscular Toradol injection, aquatic therapy, H-wave unit and activity modifications. The treatment plan included request for Topamax 50mg, Duexis #90 with 2 refills and Metanx #60 with 2 refills. On 10-14-15 request for Metanx was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx #60 Refills 2: 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), Medical foods.

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

Decision rationale: The request is for Metanx, classified as a medical food that contains L-methylfolate (B 9), B 12, and B 6. It is recommended for treatment of peripheral neuropathy. In this case, the patient is being treated for chronic low back pain, however there is no evidence that the patient has been diagnosed with a peripheral neuropathy. There is in general a lack of high quality medical information to support the use of medical foods due to limited randomized controlled trials showing statistical significance. The FDA states that specific requirements for the safety or appropriate use of medical foods have not been established. In addition, no adequate rationale has been provided for the treatment with the requested medication. Therefore, the request is not medically necessary or appropriate.