

<b>Case Number:</b>	CM15-0032242		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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  
Certification(s)/Specialty: Internal 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 61-year-old male who sustained a work related injury on November 29, 2013. He was unloading a truck with pallets when the box and the door knocked the injured worker to the ground resulting in neck, shoulders and back injuries. He was diagnosed with lumbosacral disc degeneration, cervical spondylosis and upper extremity radiculopathy. Treatments included epidural steroid injections, physical therapy and pain management and he underwent a lumbar fusion. Currently, the injured worker complained of pain and discomfort in the lower back radiating down both legs with sleeping, walking and sitting. On January 26, 2015 a request for retroactive Ensure Protein Shake 2 cans with every meal three times a day, #30 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ensure Protein Shake 2 cans with every meal tid #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/21912246>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food. Ensure <http://ensure.com/products/ensure-original>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Ensure shakes. Official Disability Guidelines (ODG) indicates that medical foods are not recommended for chronic pain. 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Ensure nutrition shake ingredients include water, sugar, milk protein, and soy protein. The primary treating physician's progress report dated 1/6/15 documented low back pain. Review of systems documented no unexpected weight loss or weight gain. No swallowing problems were reported. No chewing problems were reported. No nausea or vomited was reported. The medical necessity of the food product Ensure shake is not supported by the 1/6/15 progress report. Therefore, the request for Ensure protein shake two cans with every meal three times a day is not medically necessary.