MAXIMUS Federal Services

Case Number:	CM15-0038822		
Date Assigned:	03/09/2015	Date of Injury:	01/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 51 year old female, who sustained an industrial injury on 01/28/2013. The diagnoses have included lumbar sprain/strain, back muscle spasm, and sciatica. Noted treatments to date have included physical therapy, chiropractic treatment, home exercise program, rest, and medications. No MRI report noted in received medical records. In a progress note dated 12/01/2014, the injured worker presented with complaints of lower back pain. The treating physician reported the injured worker is tolerating their current medications. Utilization Review determination on 02/11/2015 non-certified the request for Gabadone #60 and Trepadone #120 citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web 2015: Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not certified.

Trepadone quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web 2015: Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not certified.