MAXIMUS Federal Services

Case Number:	CM15-0043306		
Date Assigned:	03/16/2015	Date of Injury:	09/20/2006
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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
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 60 year old female who sustained an industrial injury on 9/20/06 from constant and repetitive use of her hands resulting in left hand, shoulder and elbow injury. She also developed emotional stressors causing her to clench her teeth and bracing of her facial musculature. She is currently experiencing ongoing sleep disturbance; left upper extremity pain including the shoulder, elbow, forearm, hand and fingers; right upper extremity pain including elbow, wrist, hand and fingers; psychological and internal medicine (chest pain, shortness of breath) and ophthalmologic symptoms and headaches. Medications include Prilosec, Gaviscon, Probiotics and Ambien. Her industrial related diagnoses include status post H. Pylori treatment; gastroesophageal reflux disease, secondary to non-steroidal anti-inflammatories; hypertension with left atrial enlargement; sleep disorder, secondary to pain; status post cholecystectomy (9/4/14); status post reconstructive surgery to the right hand (2009); status post left shoulder surgery (2010). Treatments to date include physical therapy, sleep consult, psychological consult. Diagnostics include polysomnography and multiple sleep latency tests; MRI of upper extremities (no date or results) and was recommended to have surgery. In the progress note dated 11/3/14 and 1/8/15 the treating provider prescribed Hypertensa and Theramine with no explanation as to why these medications were added.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa in bottles x 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Hypertensa is a medical food formulation for the nutritional management of hypertension and other vascular diseases. The mechanism of its action is to promote nitric oxide production in blood vessels. There is no support for the use of medical food in the treatment of hypertension, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item was not established. The requested medical food is not medically necessary

Theramine in bottles x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Theramine is a Food and Drug Administration (FDA) regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Theramine promotes the production of the neurotransmitters that help manage and improve the sensory response to pain and inflammation. Theramine is available by prescription only. There is no support for the use of medical food in the treatment of chronic pain, and there was no indication for the need for supplementation of any of the ingredients. Medical necessity for the requested item was not established. The requested medical food is not medically necessary.