

Case Number:	CM15-0044567		
Date Assigned:	03/17/2015	Date of Injury:	01/27/2001
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old male who reported an injury on 03/27/2001. The mechanism of injury involved a fall. The current diagnoses include sprain of the lower back, sprain of the neck, chronic pain, hypertension, and testicular dysfunction. The injured worker presented for a follow-up evaluation on 02/05/2015. It was noted the injured worker had received a previous approval for an injection of testosterone. The injured worker reported ongoing cervical spine pain as well as stiffness and limited range of motion. Upon examination, there was normal capillary refill and intact sensation. Recommendations at that time included a continuation of Butrans, ibuprofen, gabapentin, Vicodin, omeprazole, pravastatin, Cozaar, hydrochlorothiazide, Cardura, and aspirin. A Request for Authorization form was submitted on 02/05/2015 for a trial of Metanx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx quantity: 240.00: 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), Pain.

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

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. Given the lack of proven efficacy, the medical necessity for the requested medication has not been established in this case. There was no frequency listed in the request. Given the above, the request is not medically appropriate.

Firm back brace quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9, 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Low Back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no comprehensive physical examination of the lumbar spine provided for this review. There was no documentation of lumbar instability. The medical necessity for the requested durable medical equipment has not been established in this case. Therefore, the request is not medically necessary.