

<b>Case Number:</b>	CM15-0046434		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 47 year old male, who sustained an industrial injury on December 4, 2014. He reported a 20 foot fall with loss of consciousness. The injured worker was diagnosed as having cervical spine sprain/strain with radicular complaints, left shoulder rotator cuff tendinitis/bursitis, history of mid third clavicle fracture/status post open reduction internal fixation (12/7/14), fracture scapula comminuted and displaced, history of right temporal bone fracture, subarachnoid hemorrhage, subdural hematoma, optic floater, hearing loss and scalp laceration. Treatment to date has included diagnostic studies, surgery, medications and physical therapy. On March 5, 2015, the injured worker complained of headaches, vertigo, loss of memory and floaters. He has frequent pain in the right ear with hearing loss and intermittent moderate pain in his face. He has intermittent, moderate neck pain with radiation to both shoulders along with difficulty rotating his head and neck. His left shoulder has intermittent, moderate pain with radiation to his scapular region. This pain is aggravated with movement and is associated with weakness, numbness and a tingling sensation. He also complained of intermittent, moderate pain in his ribs. The treatment plan included physical therapy, diagnostic studies, neurologist consultation, ENT specialist consultation and an Ophthalmologist consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valacyclovir 500 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

**Decision rationale:** The California MTUS, ACOEM and the ODG do not address the requested medications. Per the physician desk reference, this medication is used in the treatment of infections with the herpes virus. The clinical notes states it is being used to prevent cold sores. While cold sores are caused by herpes virus, there is no documentation of previous cold sore history and this medication is used for prevention of genital herpes outbreaks. Therefore the request is not medically necessary.

**G Yin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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 medically necessary.

**Daily Build:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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 medically necessary.

## **Immune 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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 medically necessary.

## **Complete shake: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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 medically necessary.

## **Recovery and coral calcium: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**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 medically necessary.