

<b>Case Number:</b>	CM14-0134839		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year-old female who reported a work related injury on 03/07/2011. The mechanism of injury was not provided within the documentation. She was diagnosed with a sprain/strain of the right wrist. The past treatment has included 15 session of physical therapy, thumb splint, home exercise program, medication, acupuncture, and an anti-inflammatory diet. The surgical history included a left thumb joint arthroplasty on 08/06/2013. Upon examination on 07/21/2014, the injured worker rated pain to her left thumb as 2/10 and a 4/10 with flare-ups on the VAS pain scale. The flare-ups were noted to be daily with radiating pain to the volar aspect of her forearm. She also had some weakness to her left hand. It was also noted that she stopped taking her prescribed Ibuprofen. She noted that acupuncture was the most effective in treating her pain. Examination revealed a scar at the baseline of the CMC joint. Flexion was noted to be at 100 percent. The treatment plan consisted of 800mg of Ibuprofen and Proteolin. The rationale for the request and the request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Proteolin Caplets #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 Treatment in Workers' Compensation, Online Edition Chapter: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

**Decision rationale:** The request for Proteolin Caplets is not medically necessary. The California MTUS Guidelines state, before prescribing any medication for pain the following should occur: determine the aim of use of the medication, determine the potential benefits and adverse effects, and determine the patient's preference. More specifically, the Official Disability Guidelines state, medical food is "a food which is formulated to be consumed or administered internally 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, based on recognized scientific principles, are established by medical evaluation." To be considered medical food the product must, at a minimum, meet the following criteria: the product must be a food for oral or tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. Proteolin Caplets are considered to be medical food that is used for inflammation and pain management. It was noted that the injured worker had diarrhea which was resolved as well as diverticula. She was also placed on an anti-inflammatory diet. However, there is no indication that the diet modifications were ineffective. Furthermore, the resolved diarrhea and diverticula do not indicate that the injured worker had a disease or condition for which there are distinctive nutritional requirements. As such, the request for Proteolin Caplets is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Ibuprofen 800mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation, the length of time the injured worker had been prescribed Ibuprofen is not documented. The rationale for the request was not provided, as it was noted the injured worker had stopped taking her prescription Ibuprofen. In addition, the submitted request does not specify a frequency. As such, the request for Ibuprofen 800mg #60 is not medically necessary.