MAXIMUS Federal Services

Case Number:	CM14-0161248		
Date Assigned:	10/06/2014	Date of Injury:	05/25/1999
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect het claimant is a 69 year male who sustained a work injury on 5-25-99. The claimant has a past history of orthopedic issues including lumbar decompression, right knee TKA, post traumatic osteoarthritis, chronic pain, CTS (Carpal Tunnel Syndrome), joint pain, lumbar degenerative disc disease, and radiculitis.8-27-14 EMG/NCV (Electromyography / Nerve Conduction Velocity) of the lower extremities showed peripheral neuropathy. Office visit on 7-9-14 notes the claimant was seen for follow-up. The claimant had decreased range of motion at the lumbar spine with an antalgic gait and positive SLR (straight-leg-raising) bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanyx 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - medical food

Decision rationale: ODG notes medical food is not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to

produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "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, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. There is an absence in documentation noting that this claimant has nutritional deficits for which he requires a medical food. Therefore, the Metanyx 2mg #60 is not medically necessary and appropriate.