

Case Number:	CM14-0179091		
Date Assigned:	11/03/2014	Date of Injury:	03/18/2013
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 61-year old woman with a date of injury of March 18, 2013. The mechanism of injury is not documented in the medical record. Pursuant to the handwritten progress note that was partly illegible dated September 16, 2014, the IW complains of pain in the neck and back at (? - illegible) 3 and 5/10. Left elbow pain at 4/10 which is intermittent. Physical therapy is pending authorization according the note. Using a checkbox format, the provider documents that the functional exam since last visit indicates "no change". Physical exam documentation indicates "no change". The IW has been diagnosed with left tennis elbow, C/S S/S left UE rad; and L/S S/S left LE rad. Contributing factors include HYN, and sleep disorder. Documented medication includes Toprophan 1 tablet orally HS. Treatment plan includes: Start physical therapy 3 times a week for 4 week, left elbow C/S L/E.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprophan 1 PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Toprophan 1 PO QHS #30 is not medically necessary. Toprophan 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 for improvement in functional outcomes. FDA defines medical food as quote a food which is formulated to be consumed or administered by mouth under the supervision of a physician and which is intended for the specific dietary management Toprophan is a medical nutritional supplement. It contains vitamin B6, L-tryptophan, chamomile, Valerian extract, etc. These ingredients are meant to aid the injured worker in falling asleep and staying asleep. In this case, there is no documentation of any need for vitamin B6 for evidence of B6 deficiency. There is no documentation of the injured worker's niacin levels are below normal and, thereby, required supplementation. Consequently, there is no indication of the need for Toprophan. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Toprophan one PO Q HS #30 is not medically necessary.

Physical Therapy x 12 visits, left elbow, cervical spine, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Cervical Spine and Lumbar Spine; Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), physical therapy to the left elbow, cervical spine and lumbar spine are not medically necessary. The Official Disability Guidelines provide physical therapy frequencies and durations. Sprains and strains of the elbow and forearm may receive nine visits over eight weeks. Lumbar sprains and strains may receive 10 visits over eight weeks. Sprains and strains of the neck, similarly she received 10 visits over eight weeks. In this case, the medical documentation indicates the treating physician was planning on starting physical therapy, however there is no documentation indicating the injured worker received any therapy to date. Additionally, there was no documentation/rationale indicating what physical therapy is going to achieve. The documentation was largely illegible. The notes states "no change physical exam last visit". Consequently, physical therapy to the left elbow, cervical spine and lumbar spine is not medically necessary.