

Case Number:	CM14-0113655		
Date Assigned:	08/01/2014	Date of Injury:	11/21/1998
Decision Date:	07/16/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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

Certification(s)/Specialty: Orthopedic Surgery

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 67 year old female, who sustained an industrial/work injury on 11/21/98. She reported initial complaints of right elbow, bilateral wrists, lumbar spine, and left knee pain. The injured worker was diagnosed as having low back pain syndrome, lumbalgia, myofascitiitis, right lateral epicondylitis, left hip trochanteric bursitis. Treatment to date has included medication, diagnostics, surgery (left total knee replacement revision on 4/17/14), physical therapy, continuous passive motion machine (CPM). MRI results were reported on 8/6/03. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 1/30/06. Currently, the injured worker complains of persistent left knee pain and stiffness. Per the primary physician's progress report (PR-2) on 6/3/14, examination revealed left knee with extension at -10 degrees and flexion at 85 degrees, anterior drawer test was 1+, mediolateral instability was 1+. On 6/20/14, examination revealed quadriceps strength of 4/5, range of motion at 0-70 degrees, knee stable, no sign of infection. Current plan of care included medication for pain management. The requested treatments include Toprophan #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprophan #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines Development Group for the Management of Patients with Insomnia in Primary Care. Madrid (Spain): Health Technology Assessment Unit, Lain Entralgo Agency, Ministry of Health, Social Services and Equality (Spain): 2009. 159 p.

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

Decision rationale: The request for Toprophan #30 with 5 refills is non-certified. The California MTUS/ACOEM does not address Toprophan. According to the Official Disability Guidelines, Chronic Pain, Medical Food, state that 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 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, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements; and (3) the product must be used under medical supervision. The current available medical food products include choline, glutamic acid, 5-hydroxytryptophan, gamma-aminobutyric acid (GABA), L-serine, L-arginine, honey and cinnamon, Limbrel (flavocoxid). The records submitted for review from 6/3/14 does not demonstrate documentation of functional improvement and of the occurrence or nonoccurrence of side effects while the patient was taking Toprophan. In addition, the records submitted for review failed to include documentation that the patient was taking Toprophan for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements. As such, the request for Toprophan is non-certified and is not medically necessary.