

Case Number:	CM14-0155681		
Date Assigned:	10/03/2014	Date of Injury:	01/22/2004
Decision Date:	03/13/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old male who reported an injury on 01/22/2004 due to repetitive trauma while performing normal job duties. The injured worker's diagnoses included depressive psychosis and insomnia due to mental disorder, and myalgia and myositis nonspecific. Previous treatments included medications, physical therapy, and aquatic therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 07/31/2014. It was documented that the injured worker had persistent total body pain and chronic fatigue. Objective physical findings included normal neurological examination findings, negative rheumatoid arthritis deformities, and lumbar tenderness to palpation. The injured workers treatment plan included continued aquatic therapy and continued use of medications, including a topical formulation of flurbiprofen and medical foods to include Gaboxetine and Sentra PM. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaboxetine (no dosage and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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: The requested Gaboxetine is not medically necessary or appropriate. The California Medical Utilization Schedule does not address medical food. Official Disability Guidelines do not recommend medical food unless they are used to assist with management of a disease that has a specific dietary or distinctive nutritional requirement. The clinical documentation submitted for review does not support that the injured worker has any nutritional deficits that would require the management medical food. Furthermore the request as it is submitted does not include a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request of Gaboxetine, no dosage and quantity is not medically necessary or appropriate.

Sentra PM #60 (no dosage listed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food

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: The requested Sentra PM #60 is not medically necessary or appropriate. The California Medical Utilization Schedule does not address medical food. Official Disability Guidelines do not recommend medical food unless they are used to assist with management of a disease that has a specific dietary or distinctive nutritional requirement. The clinical documentation submitted for review does not support that the injured worker has any nutritional deficits that would require the management medical food. Furthermore the request as it is submitted does not include a dosage or frequency. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request of Gaboxetine, no dosage, is not medically necessary or appropriate.