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| Case Number: | CM14-0218057 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 11/01/2011 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female patient, who sustained an industrial injury on 11/01/2011. A primary treating office visit dated 11/11/2014 reported subjective complaint of worsening weakness, malaise, palpitations, jaw bone pain, vision and headaches. She reported going the emergency department in the past couple of weeks due to jaw pain, elevated blood pressure and was given pain and antihypertensive medications. She is also noted being status post Bells Palsy on the right side. the following diagnoses are applied; osteomyelitis with resistant organism of jaw, hip and thigh pain with parasthesia; abdominal pain; acid reflux; constipation/diarrhea; shortness of breath; sleep disorder; psychiatric diagnosis; history of thrombocytosis, and hypertension. On 11/17/2014 a request was made for medication Hypertensa 90 mg with 5 refills. On 11/24/2014 Utilization Review non-certified the request, noting the Official Disability Guidelines, Pain Chapter, Compound Drugs, Medical Food were cited. The injured worker submitted an application for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #90 Ref X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Compound Drugs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical foods

Decision rationale: The MTUS is silent on arginine. The ODG were used. Hypertensa is the brand name of a supplement of arginine. The ODG state that medical foods are, 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. L-Arginine: This supplement is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. (AltMedDex, 2008) (CFSAN, 2008) (Clinical Pharmacology, 2008) (Lexi-Comp, 2008) (Micromedix, 2008)?The medical records fail to document why this medical food is being prescribed, although it is assumed to be for chronic pain. As noted above, L-arginine is not recommended in the treatment of chronic pain. As such, the request for Hypertensa 90mg Refills 5 is not medically necessary.