

Case Number:	CM15-0007532		
Date Assigned:	02/11/2015	Date of Injury:	10/23/2002
Decision Date:	03/31/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 63 year old female, who sustained an industrial injury on October 23, 2002. The diagnoses have included lumbar degenerative disease, left knee sprain/strain, right knee sprain/strain, lateral epicondylitis, rotator cuff tear, disc bulge, carpal tunnel syndrome, gastroesophageal reflux disease controlled with medication, irritable bowel syndrome controlled with medication, hypertension, hyperlipidemia, depression, and opioid induced constipation. Treatment to date has included medications, and dietary modifications. Currently, the injured worker complains of worsening acid reflux, improving hypertension, with bloating and headaches. The Secondary Treating Physician's report dated November 4, 2014, noted a urine toxicology screen dated August 6, 2014 revealed fluoxetine and norfluoxetine. Physical examination was noted to show a soft abdomen with normoactive bowel sounds, with no tenderness or guarding. The injured worker was advised to follow a low-fat, irritable bower syndrome, low-cholesterol, low-sodium diet. On December 23, 2014, Utilization Review non-certified Trepadone #90 and Sentra AM #60 noting the requests were both medical foods not indicated for the injured worker. The Official Disability Guidelines (ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of Trepadone #90 and Sentra AM #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Trepadone #90: Upheld

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

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

Decision rationale: The California MTUS does not address medical foods. The ODG advises that medical foods are "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." 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; 3. The product must be used under medical supervision. In this case Trepadone contains choline, L-serine, L-arginine and L-glutamate. The documentation doesn't support that the patient requires choline supplement or glutamate which is indicated for achlorhydria or hypochlorhydria.

1 prescription of Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS does not address medical foods. The ODG advises that medical foods are "a food which is formulated to be consumed or administered entirely 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." 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; 3. The product must be used under medical supervision. In this case Sentra AM contains choline, L-serine, L-arginine and L-glutamate. The documentation doesn't support that the patient requires choline supplement or glutamate which is indicated for achlorhydria or hypochlorhydria.