MAXIMUS Federal Services

Case Number:	CM15-0012954		
Date Assigned:	01/30/2015	Date of Injury:	06/12/1998
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 06/12/1998. She has reported subsequent knee, leg ankle and foot pain and was diagnosed with lateral medial meniscus tear and knee, leg, ankle and foot injury. Treatment to date has included oral pain medication, compressive brace, TENS unit and physiotherapy. In a progress note dated 12/02/2014, the injured worker continued to report right knee pain that was rated as 8/10. Objective examination findings were notable for moderate restriction of the knee and general swelling at the distal quadriceps, inferior/medial and infer/lateral patella. The physician requested authorization for Proteolin supplements.On 01/14/2015, Utilization Review non-certified a request for Proteolin supplements for inflammation #60 between 01/07/2015-03/13/2015, noting that although there is some support for the use of curcumin, there is no guideline support for other components of Proteolin. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proteolin supplements for inflammation #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, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Curcumin (tumeric) Page(s): 41.

Decision rationale: Proteolin is a proprietary formulation of anti-inflammatory and immunomodulatory peptides (hyperimmune milk protein concentrate), curcuminoids (turmeric), proteolytic enzymes (bromelain), and piperin. The MTUS does not specifically address this supplement formulation, but does state that curcumin is not yet recommended for regular use for chronic pain due to lack of sufficient evidence to support its use in chronic pain. Although current studies appear to be promising, due to no Guideline ready to recommend it, the request in this case for Proteolin, which also has other ingredients not recommended or mentioned in Guidelines, will be considered medically unnecessary.