

<b>Case Number:</b>	CM15-0112538		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

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 57-year-old female, who sustained an industrial injury on 1/11/06. The injured worker was diagnosed as having lumbago, spasm of muscle, lumbar sprain/strain, and long-term current use of medications. Treatment to date has included medication such as Tramadol, Norco, and Lidocaine patches. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Miseflex-C 167-65-50 #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miseflex-C 167-65-50, QTY: 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 (ODG), Pain, Chondroitin, Glucosamine (and Chondroitin sulfate); Herbal medicines and on the Non-MTUS website, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0000302/> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/10727669> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/23304525> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/17145239> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/15261959>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, under Medical food.

**Decision rationale:** The patient presents on 02/24/15 with unrated lower back pain. The patient's date of injury is 01/11/06. Patient has no documented surgical history directed at this complaint. The request is for MISEFLEX-C 167-65-50, QTY: 90. The RFA for this medication was not provided. Physical examination dated 02/24/15 reveals moderate swelling in the bilateral feet/hands, tenderness to palpation of the L3-L5 lumbar paraspinal muscles with spasms noted, right SI joint tenderness with positive Patrick's maneuver noted, and decreased lumbar range of motion. The patient is currently prescribed Lopressor, Hydrochlorothiazide, Methotrexate, and Tramadol. Patient is currently not working. Miseflex-C is a Nutritional Supplement consisting of a combination of calcium, magnesium, chondroitin, bromelain and a proprietary blend consisting of valerian, passiflora, and ginkgo biloba extract. ODG Medical food guidelines apply. ODG Pain chapter, under Medical food states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must 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. 3.)The product must be used under medical supervision. In this case, the provider is requesting a nutritional supplement, Miseflex-C, which is a combination of several nutritional supplements. This patient presents with chronic lower back pain, however there is no discussion of GI complaints or other nutrition-related illness, which would necessitate supplementation. ODG supports medical food, provided that the product is labeled for dietary management of a particular disorder and is utilized under medical supervision. There is no indication that the patient has been diagnosed with a nutritional disorder, or that said supplement will be administered under medical supervision - without such discussion the request cannot be substantiated. Therefore, this request IS NOT medically necessary.