

Case Number:	CM15-0114367		
Date Assigned:	06/22/2015	Date of Injury:	06/20/2009
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/14/2015

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, California
 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 41 year old male, who sustained an industrial injury on 6/20/2009. He reported being rear-ended in a high speed motor vehicle accident. Diagnoses have included closed-head trauma, post-traumatic headaches, cervical strain, left shoulder strain, lumbar strain, possible upper back, neck, thoracic outlet whiplash injury and secondary postural derangements, intermittent blurred vision, progressing neuromusculoskeletal injury and impaired mentation status post high speed motor vehicle accident. Treatment to date has included physical therapy, psychotherapy and medication. According to the progress report dated 5/7/2015, the injured worker continued to have memory impairment and difficulty with concentration. He reported tinnitus as well. He complained of right low back pain, buttock pain and posterior popliteal probable sciatic pain. He rated his pain as 6/10. Physical exam revealed tenderness in the cervical occipital region, cervical paravertebral muscles, lumbar region and right buttock. He had positive sitting straight leg raising. Authorization was requested for Metanx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metanx #360: 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), mental and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-medical foods and pg 75 Vitamin B and pg 141.

Decision rationale: Metanx is a medical food containing folate and Vit B which has been used for diabetic peripheral neuropathy. According to the guidelines, Vitamin B containing products are not recommended and efficacy for treating peripheral neuropathy is not clear. In this case, the claimant's neuropathy is not due to diabetes. Continued and chronic use of Metanx is not medically necessary.