

Case Number:	CM15-0125040		
Date Assigned:	07/09/2015	Date of Injury:	05/27/2014
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 29 year old female, who sustained an industrial injury on 5/27/14. Initial complaints were of her scalp, right shoulder and neck. The injured worker was diagnosed as having scalp laceration-closed head injury; scalp hematoma; craniocervical headaches; traumatic brain injury; action tremor. Treatment to date has included physical therapy; trigger point injections to the cervical and bilateral shoulders (4/8/15); medications. Diagnostics studies included EMG/NCV study bilateral upper extremities/trapezius (3/19/15). Currently, the PR-2 notes dated 5/13/15 indicated the injured worker was in this office as a follow-up visit for her ongoing symptoms. The provider notes nothing has changed since her last visit of 3/15/15. The notes report her head and neck are held in an abnormal position related to the Klippel-Feil syndrome and multiple surgeries. There is a 2+ tenderness involving the craniocervical regions reproducing symptoms. She holds her head in a protruded position due to scoliosis and kyphosis involving the cervical and upper thoracic spine secondary to Klippel-Feil syndrome. There is a large scar that goes from the upper cervical spine all the way to the lumbar spine due to multiple surgeries. She has pain on extreme ranges of motion. The dorsal spine notes kyphoscoliosis with no tenderness. The provider is requesting authorization of L-Tryptophan; Melatonin and Valerian Root since she has been denied Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-Tryptophan: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Medical Food.

Decision rationale: According to ODG, medical food is 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. The FDA defines a medical food as "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". As noted in ODG, there are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The request for L-Tryptophan is not medically or appropriate.

Melatonin: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Melatonin.

Decision rationale: According to ODG, Melatonin is recommended for delayed sleep phase syndrome and rapid eye movement sleep behavior disorders. A review of the medical records submitted for review notes that the injured worker has difficulty getting restful sleep. The request for Melatonin is supported to allow the injured worker achieve restful sleep. The request for Melatonin is medically necessary and appropriate.

Valerian Root: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Medical food.

Decision rationale: According to ODG, 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. The FDA defines a medical food as "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". As noted in ODG, there are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The request for Valerian root is not medically necessary or appropriate.