

Case Number:	CM15-0128194		
Date Assigned:	07/17/2015	Date of Injury:	06/01/2014
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/03/2015

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: North Carolina

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:

This is a 27 year old male with a June 1, 2014 date of injury. A progress note dated May 6, 2015 documents subjective complaints (stabbing pain across the back; burning pain across the buttocks; pins and needles pains on the back of the legs from the hamstrings to the calves bilaterally; lower back pain rated at a level of 5/10), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the lumbar spine midline and into the left paraspinal region; decreased sensation of the right L4, L5, and S1 dermatomes; Achilles reflexes are hypoactive bilaterally; positive straight leg raise on the right), and current diagnoses (rule out lumbar herniated nucleus pulposus; lumbar radiculopathy). Treatments to date have included medications; electromyogram of the bilateral lower extremities (normal study), x-rays of the lumbar spine (showed mild disc space narrowing at L4-5 and L5-S1; anterior osteophytes), and magnetic resonance imaging of the lumbar spine (showed degenerative disc disease and facet arthropathy with retrolisthesis at L4-5 and L5-S1; canal stenosis; neural foraminal narrowing). The treating physician documented a plan of care that included CM4-Caps 0.05%.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-Caps .05 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does not recommend medical foods unless there is a diagnosis that makes the need for the medical food a requirement in the treatment of the disease process itself. The provided clinical documentation shows no such diagnosis and therefore the request is not medically necessary.