

Case Number:	CM15-0173214		
Date Assigned:	09/15/2015	Date of Injury:	09/07/2010
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/02/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 9-7-10. She reported cognitive difficulties. The injured worker was diagnosed as having major depression single episode, generalized anxiety disorder, and cognitive disorder. Treatment to date has included psychiatric treatment and medication including Fetzima, Klonopin, and Prazosin. The injured worker had been restarted on Enlyte in July 2015. Currently, the injured worker complains of anxiety, lack of energy, nightmares, and memory problems. On 8-3-15, the treating physician requested authorization for retrospective Enlyte 16mg #30 with 3 refills for the date of service 7-20-15. On 8-10-15, the request was non-certified, the utilization review physician noted, "Enlyte is a medical food and there is a lack of high quality peer reviewed literature to support its efficacy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Enlyte 16 mg #30 with 3 refills with a rx date of 7/20/2015: 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) medical foods.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient has psychiatric diagnoses that would not require specialized medical foods. The criteria per the ODG have not been met and therefore the request is not medically necessary.