

Case Number:	CM15-0175985		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	10/19/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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 46 year old male, who sustained an industrial injury on April 17, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post left thumb fracture and laceration, anxiety, and depression. On May 26, 2015, the injured worker reported constant 5 out of 10 left thumb pain with numbness and tingling. The Primary Treating Physician's report dated May 26, 2015, noted the sensory examination of the upper extremities revealed decreased sensation to light touch over the C6 nerve root distribution along the left upper extremity. The Physician noted the following medical foods which were noted to be natural medications were dispensed to the injured worker: Theramine for chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain, Sentra PM for sleep disorders associated with depression, Sentra AM for management of fatigue, cognitive disorders, and posttraumatic stress disorders, and Gabadone for management of sleep disorders associated with anxiety. The injured worker was noted to be able to work regular duties. The documentation submitted for review did not contain any primary treating physician progress reports dated after May 26, 2015. The request for authorization dated July 24, 2015, requested Theramine cap, 180 count. The Utilization Review (UR) dated August 12, 2015, non-certified the request for Theramine cap, 180 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine cap, 180 count: 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 MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized disease state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria and therefore the request is not medically necessary.