

Case Number:	CM15-0026482		
Date Assigned:	02/18/2015	Date of Injury:	03/29/2010
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male, who sustained an industrial injury on 3/29/10. On 2/11/15, the injured worker submitted an application for IMR for review of Lovaza 4g #30. The treating provider has reported the injured worker complained of headaches, difficulty sleeping, visual disturbance and weight gain. The diagnoses have included diabetes mellitus, hypertension, obesity, blurred vision, sleep disorder, left elbow olecranon bursitis, right elbow medial lateral epicondylitis, bilateral wrist carpal tunnel syndrome. Treatment to date has included MRI cervical, thoracic and lumbar spine (12/6/14), Ultrasound abdomen (1/14/14). On 1/28/15 Utilization Review non-certified Lovaza 4g #30. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovaza 4g #30: Upheld

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 Medical Food <http://www.odg-twc.com/index.html>.

Decision rationale: LOVAZA, a lipid-regulating agent, is supplied as a liquid-filled gel capsule for oral administration. There is no documentation that the patient has a deficit on omega-3 fatty acids. ODG guidelines do not recommend dietary supplementation for the treatment of chronic pain. In addition, there are no controlled studies supporting the use of dietary supplement for chronic pain management. Therefore, the request for LOVAZA 4g #30 is not medically necessary.