

<b>Case Number:</b>	CM15-0026990		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 41-year-old female, who sustained an industrial injury on November 30, 2010. She has reported neck pain, upper back pain, right shoulder pain and arm pain. The diagnoses have included cervical spine strain/sprain, cervical spine radiculitis, right shoulder strain/sprain, right shoulder tendonitis, right shoulder rotator cuff syndrome, depression, anxiety, and insomnia. Treatment to date has included therapy, medications, and imaging studies. A progress note dated April 16, 2012 indicates a chief complaint of upper back pain and arm pain with depression and sleep loss. Physical examination documented on March 13, 2012 showed decreased range of motion of the cervical spine and right shoulder, pain with palpation of the cervical spine and right shoulder, and decreased sensation of the right upper extremity at the C5-7 dermatomes. The treating physician is retroactively requesting use of Omnicap. On January 5, 2015, Utilization Review denied the request citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omnicap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines FDA.

**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.

**Decision rationale:** The California MTUS does not address medical foods. The ODG advises that medical foods are 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. To be considered the product must, at a minimum meet the following criteria: 1. The product must be a food for oral or tube feeding; 2. The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; 3. The product must be used under medical supervision. In this case, Omnicap is considered a medical food. The documentation provided doesn't support that it meets criteria for medical necessity.