

Case Number:	CM13-0034799		
Date Assigned:	12/11/2013	Date of Injury:	05/08/2011
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old female who reported a work-related injury on 05/08/2011 as a result of cumulative trauma. The patient presents status postoperative to an ACDF at the C5-6 as of 09/18/2012. Clinical note dated 06/04/2013 reports the patient was seen for followup under the care of [REDACTED] for the following diagnoses: cervical disc syndrome, bilateral carpal tunnel syndrome, left cubital tunnel release, low back syndrome, status post anterior cervical discectomy and fusion, status post lumbar surgery 01/28/2013, and status post left elbow and wrist surgery as of 05/24/2013. The provider documents the patient rates her pain at a 4/10 to 5/10. The provider documents the patient has undergone 2 cortisone injections to the bilateral elbows, 1 cervical epidural steroid injection, and 1 lumbar epidural steroid injection. Upon exam of the patient's bilateral elbows, range of motion was within normal limits, and ranges of motion of the bilateral wrists were within normal limits. The patient's motor strength was noted to be 5/5 throughout the bilateral upper extremities with the exception of the left wrist extension, elbow extension, abduction and abductor pollicis rated at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apptim-D #120 dispensed on 8/27/13: 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 ODG, Pain Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested medication. California MTUS/ACOEM do not address the medication. Official Disability Guidelines indicate medical food is a food which is formulated to be consumed or administered internally 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 specific principals are established by medical evaluation. Review of the clinical documents submitted does not support the patient's utilization of Apptrim-D. Apptrim-D is indicated as an appetite suppressant. Given all the above, the request for Apptrim-D #120 is not medically necessary or appropriate.