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| Case Number: | CM13-0036339 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 10/24/1994 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

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 is licensed to practice in Rhode Island. 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.

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 has a date of injury of October 24, 1994. The patient's diagnosis includes fibromyalgia, obesity and high blood pressure. The patient has chronic pain and fatigue from the fibromyalgia. The most recent exam shows stable blood pressure. The patient has no joint effusions and some point tenderness in the shoulder area. The therapies tried to date is unclear. The request is for App Trim, Sentra AM, Sentra PM and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

five (5) bottles of App Trim, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-126. Decision based on Non-MTUS Citation PubMed; and UpToDate.

Decision rationale: The patient seeks the use of App Trim. This is an appetite suppressant that has not been proven in double blind placebo controlled trials to be efficacious. Search of the literatures, PubMed and UpToDate reveals no studies to support the use in obesity, fibromyalgia or any other medical condition. There is no medical necessity for the use of the above agent.

Therefore the request for five (5) bottles of App Trim, #120, is not medically necessary and appropriate.

six (6) bottles of Sentra AM, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); PubMed; and UpToDate.

Decision rationale: The use of the above product has not been shown to be efficacious in any double blind placebo controlled trials. A search of the literature through PubMed and UpToDate reveals no studies to support the use of the above agent for any medical condition. The above agent is not medically necessary. Therefore the request for six (6) bottles of Sentra AM, #60, is not medically necessary and appropriate.

two (2) bottles of Sentra PM, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); PubMed; and UpToDate.

Decision rationale: The use of the above product has not been shown to be efficacious in any double blind placebo controlled trials. A search of the literature through PubMed and UpToDate reveals no studies to support the use of the above agent for any medical condition. The above agent is not medically necessary. Therefore the request for two (2) bottles of Sentra PM, #60, is not medically necessary and appropriate.

eight (8) bottles of Theramine, #90, on August 1, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); PubMed; and UpToDate.

Decision rationale: The use of the above product has not been shown to be efficacious in any double blind placebo controlled trials. A search of the literature through PubMed and UpToDate reveals no studies to support the use of the above agent for any medical condition. The above

agent is not medically necessary. Therefore the request for two (2) bottles of Sentra PM, #60, is not medically necessary and appropriate.