

Case Number:	CM13-0047680		
Date Assigned:	04/04/2014	Date of Injury:	07/03/1984
Decision Date:	04/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

This patient is a 63-year-old male with date of injury of 07/03/1984. Per treating physician's report, 07/30/2013, the patient presents with a listed diagnoses of: 1. Constipation due to medication. 2. Rectal bleeding. 3. Diabetes mellitus. 4. Diabetic neuropathy of the bilateral lower extremities. 5. Vitamin B12 deficiency. 6. Status post colorectal cancer. 7. Peripheral edema. 8. Obesity. Medications provided were: 1. AppTrim-D 3 bottles. 2. Florastor. 3. Vitamin D3. 4. Pravastatin. 5. Coenzyme Q10. 6. Chromium picolinate. 7. Multivitamin. 8. Metformin. 9. Chlorthalidone. 10. Proctofoam. Patient was recommended for weight loss and a low-glycemic diet and also referred to a physician for homeopathic treatment and a formal request for diabetic management class at [REDACTED]. A report by another physician [REDACTED] from 06/27/2013 listed diagnoses of: 1. Status post failed lumbar spine fusion surgery. 2. Diabetes mellitus aggravated by industrial injury. 3. Morbid obesity, post traumatic weight gain. 4. Incisional hernia. 5. Colon cancer, industrial component {secondary to frequent delays}. 6. Fibromyalgia. Medications prescribed were: 1. Metformin. 2. Diabetic test strip supplies. 3. Hypertensa. 4. New medications of probiotics AppTrim, Theramine, and Trepadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF APPTRIM-D, #120: 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: MEDICAL FOODS

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 THERAMINE, GABADONE, MEDICAL FOODS

Decision rationale: This patient presents with chronic low back pain with failed back, diabetes, morbid obesity. There is a prescription for AppTrim-D. AppTrim-D is medical food product that provides amino acids that are precursors to the neurotransmitters norepinephrine, epinephrine, and serotonin acetylcholine. For medical foods, ODG Guidelines states that it is recommended as "food which 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." It states that the product must be labeled for dietary management to a specific medical disorder, disease or condition for which there are distinctive nutritional requirements. In this case, there is no evidence that this patient has nutritional deficient condition for neurotransmitters norepinephrine, epinephrine, serotonin acetylcholine. Recommendation is for denial.

PRESCRIPTION OF HYPERTENSA, #60: 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: MEDICAL FOODS

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 THERAMINE, GABADONE, MEDICAL FOODS

Decision rationale: This patient presents with chronic pain with failed back spinal fusion surgery, diabetes mellitus, hypertension, morbid obesity. The treating physician has prescribed hypertensa which is a medical food formulated for the management of hypertension and vascular health. Hypertensa apparently helps promote nitric oxide in the peripheral vessels. ODG Guidelines for medical foods state that the product must be labeled for dietary management of specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In this case, there is no distinctive nutritional requirement that will require promotion of nitrate oxide. There is no medical evidence that this medical food is commonly used to manage hypertension. Recommendation is for denial.

PRESCRIPTION OF THERAMINE, #60: 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: MEDICAL FOODS.

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 THERAMINE, GABADONE, MEDICAL FOODS

Decision rationale: There is a prescription for Theramine which is a medical food, a proprietary blend of gamma-Aminobutyric acid, choline bitartrate, L-arginine, and L-serine. This is intended for use of management of pain syndrome. However, ODG Guidelines state that this is not recommended. Recommendation is for denial.

PRESCRIPTION OF TREPADONE, #90: 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: MEDICAL FOODS

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 THERAMINE, GABADONE, MEDICAL FOODS

Decision rationale: There is a prescription for Trepadone to help manage the patient's chronic pain. Trepadone is a medical food to be used for management and relief of pain and inflammation related to joint disorders. It contains formulation of amino acids, polyphenol ingredient. ODG Guidelines state that medical foods must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In this case, there is no distinctive nutritional requirement documented for amino acids or polyphenol ingredients to warrant use of this medical food product. Recommendation is for denial.