

Case Number:	CM13-0051623		
Date Assigned:	12/27/2013	Date of Injury:	04/11/1985
Decision Date:	04/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine, 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:

According to the records made available for review, this patient reported a 4/11/85 date of injury. At the time (11/4/13) of the Decision for 120 capsules of Apptrim between 10/23/2013 and 12/7/2013, 60 capsules of Sentra AM between 10/23/2013 and 12/7/2013, 60 capsules of Gabadone between 10/23/2013 and 12/7/2013, and 90 capsules of Theramine between 10/23/2013 and 12/7/2013, there is documentation of subjective (low back pain radiating to the right leg as well as depression) and objective (tenderness over the lumbar paravertebral musculature, forward flexion to 60 degrees, extension to 10 degrees, and lateral bending to 30 degrees) findings, current diagnoses (psychological diagnosis, status post multiple surgeries, left carpal tunnel syndrome, cervical radiculopathy, bilateral plantar fasciitis, lumbar spondylosis with facet arthropathy, and fibromyalgia syndrome), and treatment to date (medications (including topical compounds, Norco and flexeril)). Regarding 120 capsules of Apptrim between 10/23/2013 and 12/7/2013, there is no documentation of obesity and metabolic syndrome. Regarding 60 capsules of Sentra AM between 10/23/2013 and 12/7/2013, there is no documentation of fatigue. Regarding 60 capsules of Gabadone between 10/23/2013 and 12/7/2013, there is no documentation of sleep disorders associated with anxiety. In addition, regarding 120 capsules of Apptrim between 10/23/2013 and 12/7/2013, 60 capsules of Sentra AM between 10/23/2013 and 12/7/2013, and 60 capsules of Gabadone between 10/23/2013 and 12/7/2013, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CAPSULES OF APTRIM BETWEEN 10/23/13 AND 12/7/2013: 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

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, Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Apptrim as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of obesity and metabolic syndrome. MTUS does not address the issue. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food. Within the medical information available for review, there is documentation of diagnoses of psychological diagnosis, status post multiple surgeries, left carpal tunnel syndrome, cervical radiculopathy, bilateral plantar fasciitis, lumbar spondylosis with facet arthropathy, and fibromyalgia syndrome. However, there is no documentation of obesity and metabolic syndrome. In addition, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for 120 capsules of Apptrim is not medically necessary.

60 CAPSULES OF SENTRA AM BETWEEN 10/23/2013 AND 12/7/2013: 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

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, Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Sentra AM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of fatigue and cognitive disorders. MTUS does not address the issue. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food. Within the

medical information available for review, there is documentation of diagnoses of psychological diagnosis, status post multiple surgeries, left carpal tunnel syndrome, cervical radiculopathy, bilateral plantar fasciitis, lumbar spondylosis with facet arthropathy, and fibromyalgia syndrome. However, there is no documentation of fatigue. In addition, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for 60 capsules of Sentra AM is not medically necessary.

60 CAPSULES OF GABADONE BETWEEN 10/23/2013 AND 12/7/2013: 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

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, Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Gabadone as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with anxiety. MTUS does not address the issue. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of psychological diagnosis, status post multiple surgeries, left carpal tunnel syndrome, cervical radiculopathy, bilateral plantar fasciitis, lumbar spondylosis with facet arthropathy, and fibromyalgia syndrome. However, there is no documentation of sleep disorders associated with anxiety. In addition, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for 60 capsules of Gabadone is not medically necessary.

90 CAPSULES OF THERAMINE BETWEEN 10/23/2013 AND 12/7/2013: 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) - Treatment for Workers' Compensation, Online Edition, Chapter: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

Decision rationale: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 90 capsules of Theramine is not medically necessary.