

Case Number:	CM13-0067309		
Date Assigned:	01/08/2014	Date of Injury:	11/03/2009
Decision Date:	04/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic arm pain, and chronic pain syndrome reportedly associated with an industrial injury of November 3, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior cervical spine surgery; muscle relaxants; adjuvant medications; and work restrictions. In a Utilization Review Report of December 17, 2013, the claims administrator denied a request for AppTrim, a dietary supplement/alternative treatment. The patient's attorney subsequently appealed. An October 23, 2013 progress note is notable for comments that large portions of the applicant's claim have been contested by the claims administrator. The patient has alleged pain secondary to cumulative trauma at work. She reports persistent shoulder, neck, and low back pain. AppTrim, a dietary supplement for weight loss, is endorsed, along with Naprosyn, Norco, and tizanidine. It is stated that the patient has returned to work with a 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPTRIM D: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the product description, AppTrim is a specially formulated medical food or dietary supplement of some kind, seemingly promoted for weight loss and/or chronic pain purposes. The MTUS does not specifically address the topic of medical foods or dietary supplements such as AppTrim. However, as noted in the Third Edition ACOEM Guidelines on chronic pain, alternative treatments, complementary treatments, medical foods, and/or dietary supplements such as AppTrim are "not recommended" for the treatment of chronic pain as they do not have any proven outcomes in terms of producing meaningful benefits or functional improvements. In this case, overall information on AppTrim is quite scant. The attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization or application for independent medical review so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified, on Independent Medical Review.