

Case Number:	CM13-0070546		
Date Assigned:	01/08/2014	Date of Injury:	04/08/2011
Decision Date:	08/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, 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:

Patient is a 41-year-old female who has submitted a claim for lumbar disc protrusion, lumbar radiculopathy, cervical degenerative disc disease and cervical radiculopathy associated with an industrial injury date of 4/8/2011. Medical records from 2012-2013 were reviewed which showed increased neck, low back and hip pain. Pain scale was 8/10. Physical examination of the lumbar spine showed tenderness over lower lumbar spine and bilateral sacral area. Lumbar spine flexion was 60 degrees, extension at 15 degrees and lateral bending at 15 degrees. Straight leg raise test was positive at 75 degrees bilaterally. MMT of both lower extremities were 5/5. Treatment to date has included, epidural injection and intake of medications, which include, Restoril, Flexeril, Colace, Norco and Xanax. Utilization review from 11/25/2013 denied the request for Apptrim because there was no documentation provided that patient had tried and failed reduced calorie diet along with an exercise program to promote weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY RX: APPTTRIM 2 CAPSULES TWICE DAILY FOR DIETARY
MANAGEMENT:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J AM Diet Assoc. 2007 Oct; 107(10): 1755-67.

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 Section.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Pain Chapter, Medical Food Section was used instead. ODG stated that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. In this case, patient was prescribed AppTrim, a kind of medical food for dietary management of obesity. However, medical records submitted for review did not mention if the patient failed conservative methods such as exercise and calorie diet to promote weight loss. Therefore, the request for PHARMACY RX: APPTRIM 2 CAPSULES TWICE DAILY FOR DIETARY MANAGEMENT is not medically necessary.