

<b>Case Number:</b>	CM14-0004560		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 ABFP, has a subspecialty in ABPM 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 male patient sustained a work injury on 7/14/06 involving the neck, knees and low back. He had a diagnosis of neck sprain, lumbar sprain, and knee strain. He has a past medical history of diabetes, abnormal pulmonary function and hypertension. He had completed pool and land based therapy. Due to his injury was gaining weight and was recommended to undergo a weight loss program. In July 2011 he was 5 ft 7 inches and 258 lbs. In 2011, he had used AppTrim and was found to be ineffective. He uses a back brace and crane as needed. A request for authorization for AppTrim was again made on 1/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APPTRIM #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Heart Association and National Weight Loss Guidelines.

**Decision rationale:** Supplements such as AppTrim are not supported by clinical trials or national guidelines. It is not standard practice in Bariatric Medicine to use AppTrim for weight

loss. Weight loss should start with caloric intake modification. In addition, prior AppTrim use had failed in 2011 to lose weight. Continued use is not medically necessary.