

Case Number:	CM14-0005318		
Date Assigned:	01/24/2014	Date of Injury:	12/18/2012
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 30-year-old female who has submitted a claim for cervical strain, lumbar strain, resolving knee contusion, resolving knee strain, resolving wrist contusion and strain, and morbid obesity associated with an industrial injury date of December 18, 2012. Medical records from 2012-2013 were reviewed, the latest of which dated December 30, 2013 revealed that the patient tried to lose weight by doing walking exercises twice a day. She still complains of neck and back pain. On physical examination, there is tenderness of the paracervical muscles, with significant reduction in the range of motion and limited mobility of the cervical spine. There is tenderness of the paralumbar muscles, with significant reduction in the range of motion and limited mobility of the lumbar spine. Treatment to date has included physical therapy, and medications such as Tizanidine, codeine/APAP, Naproxen, Ibuprofen, Orphenadrine, Methocarbamol, Hydrocodone/APAP, Celebrex, Ativan, and Ambien. Utilization review from December 30, 2013 denied the request for physical therapy, 8 visits, cervical and lumbar spine because the medical records did not provide a rationale as to why the patient required additional supervised therapy at this time and there was no documentation that previous therapy produced functional benefit; denied the request for Apptrim-D 2 capsules twice daily, #120 (2 bottles) because the medical records did not document a distinctive nutritional requirement for the patient consistent with the guidelines; and modified the request for APAP with Codeine 300/30 mg 1 every 6-8 hours as needed, #60 to APAP with Codeine 300/30 mg 1 every 6-8 hours as needed, #30 for the purpose of tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 8 VISITS, CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 99.

Decision rationale: As stated on page 99 of the Chronic Pain Medical Treatment Guidelines, physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In this case, the patient had previous physical therapy; however, the total number of physical therapy sessions received is unknown due to lack of documentation. Furthermore, pain relief and functional improvements were not documented. Also, there was no documentation that support the need for additional supervised rehabilitation. Therefore, the request for Physical Therapy, 8 visits, cervical and lumbar spine is not medically necessary.

APPTRIM-D 2 CAPSULES TWICE DAILY, #120 (2 BOTTLES): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Medical Food x Other Medical Treatment Guideline or Medical Evidence: [web verison /marketing/AppTrim_Package_Insert_Sept_2012](http://www.verison.com/marketing/AppTrim_Package_Insert_Sept_2012).

Decision rationale: AppTrim is a specially formulated Medical Food product, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. It acts by providing the nutritional requirements that support the synthesis and physiological activities of neurotransmitters involved in metabolic syndrome and obesity. The CA MTUS does not specifically address the topic on medical food. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that medical food is recommended 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 are established by medical evaluation. In this case, AppTrim-D was prescribed since November 22, 2013 for weight reduction and dietary management of morbid obesity. However, there was no documentation of trial and failure of diet and exercise as dietary management. The medical necessity for medical food was not established at this time. Therefore, the request for APPTRIM-D 2 capsules twice daily, #120 (2 bottles) is not medically necessary.

APAP WITH CODEINE 300/30 MG 1 Q6-8H PRN, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These outcomes over time should affect the therapeutic decisions for continuation. In this case, APAP with codeine was prescribed since November 22, 2013 for pain. The patient has a history of intake of other opioid analgesic in the form of Norco. However, the recent clinical evaluation reveals no analgesia and functional improvement with its use. Also, there is no discussion regarding the side effects or possible aberrant behavior with opioid use. The medical necessity of APAP with codeine was not established. Therefore, the request for APAP with Codeine 300/30 mg 1 every 6-8 hours as needed PRN, #60 is not medically necessary.