

Case Number:	CM14-0006613		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2012
Decision Date:	06/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 33 year old female injured on 11/30/12 when she slipped on a wet towel injuring her left shoulder, low back, and left knee. Current diagnoses included left shoulder impingement, L5-S1 disc herniation with left sided radiculopathy, and left knee internal derangement. Treatments included medication management and physical therapy. Clinical note dated 11/26/13 indicated the patient presented complaining of continued left knee and low back pain. The patient reported left shoulder pain had improved to a slight degree. The patient described pins and needles sensation in left heel. Physical examination revealed decreased range of motion of the left shoulder, impingement sign positive, paraspinal muscle spasm in the lumbar spine with limited flexibility, and left knee crepitus with limited range of motion. The clinical note indicated the patient's morbid obesity was interfering with her care. The patient reported previous use of AppTrim-D resulted in eight pound loss of weight. Current medications included Naproxen 550mg BID, Gabapentin 600mg TID, Tramadol ER 150mg one to two QD, and Omeprazole 20mg QD. The patient was awaiting QME. Previous request for retrospective request for AppTrim-D #120 date of service 12/05/13 was non-certified on 12/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR APPTRIM-D #120 DOS:12/5/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); <http://www.nutrientpharmacology.com/Apptrim-d.html>.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. AppTrim-D consists of Tyrosine, Choline Bitartrate, 5-Hydroxytryptophan, Hydrolyzed Whey Protein, Histidine, Serine, Glutamic Acid, Grape Seed Extract and Cocoa. AppTrim-D is designed to assist in appetite suppression in the morbidly obese. The clinical note dated 11/26/13 indicated the patient's obesity was interfering with her care. It also noted previous use of AppTrim resulted in an 8 pound weight loss. However, there is no documentation of the patient's height, weight, or BMI. Additionally, an 8 pound weight loss is not significant unless the timeframe the medication was administered and the original BMI is considered. The Retrospective Request For Apptrim-D #120 DOS:12/5/13 cannot be recommended as medically necessary and appropriate.