

Case Number:	CM14-0106327		
Date Assigned:	07/30/2014	Date of Injury:	07/15/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 45-year-old male who reported an injury on 07/15/2012. His diagnoses included cervical spine sprain/strain, left shoulder contusion with rotator cuff tendinopathy, lumbar sprain/strain, left knee sprain/strain and left knee internal derangement. His past treatments were noted to include a home exercise program, medications, and physical therapy. On 03/07/2014, the injured worker presented with complaints of left shoulder pain. He rated his pain 3/10 and indicated intermittent numbness and tingling in the left upper extremity. His physical examination revealed mild tenderness to palpation, no evidence of instability, and mildly positive impingement signs. He was also noted to have decreased range of motion and normal motor strength. His medications were noted to include tramadol, naproxen, and Exoten lotion. The treatment plan included continuation of his home exercise program and a urine drug screen to monitor medication use. The Request for Authorization form was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

AppTrim #120, two capsules twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food http://www.aetna.com/cpb/medical/data/1_99/0039.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical foods.

Decision rationale: The request is non-certified. AppTrim is noted to be a medical food which contains Tyrosine, Choline Bitartrate, 5-Hydroxytryptophan, Hydrolyzed Whey Protein, Histidine, Serine, Glutamic Acid, Grape Seed Extract and Cocoa. According to the Official Disability Guidelines medical foods are defined as a food formulated to be consumed or administered entirely 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. Specifically, the guidelines state that there is no known medical need for choline supplementation except for the case of long term parenteral nutrition, or for individuals with choline deficiency, secondary to liver deficiency. In regard to 5 hydroxy tryptophan, the guidelines state that this supplement has been found to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. There is no indication for the use of serine according to the guidelines and glutamic acid is used for the treatment of impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses. The clinical information submitted for review failed to provide details regarding the request for AppTrim, including the intended therapeutic effect. Additionally, the injured worker was not shown to have undergone long term parenteral nutrition, or have choline deficiency secondary to liver deficiency. Additionally, he is not shown to have impaired intestinal permeability, short bowel syndrome, cancer, or other critical illnesses, or significant evidence of anxiety disorders, fibromyalgia, obesity, or sleep disorder. Therefore, use of choline, glutamic acid, and 5 hydroxy tryptophan are not supported by the guidelines. In addition, as the guidelines specifically state that there is no indication for use of serine as a supplement, this ingredient is also not supported. In summary, as the requested medical food contains at least 4 ingredients not supported by the evidence based guidelines, the requested medical food is also not supported. As such, this request is not medically necessary.

Urinalysis (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): page 78.

Decision rationale: According to the California MTUS Chronic Pain Guidelines, periodic drug testing is recommended to monitor compliance in patients taking opioid medications. The injured worker was noted to be taking tramadol. However, the documentation failed to address whether he had any evidence of aberrant drug taking behaviors or suspicion for noncompliance and the results from his previous urine drug screen were not provided. In the absence of documentation regarding the date and results of his previous urine drug screen, the need for the urine drug screen requested can not be established. Therefore, this request is not medically necessary.

