MAXIMUS Federal Services

Case Number:	CM14-0107602		
Date Assigned:	08/01/2014	Date of Injury:	07/27/2007
Decision Date:	09/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 patient is a 52-year-old female who has submitted a claim for chest pain, hypertension with left atrial enlargement and left ventricular hypertrophy, diabetes mellitus, diabetic neuropathy and blurred vision associated with an industrial injury date of July 27, 2007.Medical records from 2014 were reviewed, which showed that the patient complained of chest pain with pressure. She also had poor vision, abdominal pain and numbness in hands and feet. No significant finding was found on physical examination except for HR (heart rate) of 47. BP (blood pressure) was 107/71. Blood glucose was found to be 122 mg/dL. Treatment to date has included medications namely HCTZ (Hydrochlorothiazide), atenolol, Prilosec, Gaviscon and aspirin.Utilization review from June 16, 2014 denied the request for Hypertensa #60 and Appformin D (Metformin) 500mg, #30 because there was no evidence of a nutritional deficit that warranted supplementation of either substance. Metformin 500mg, #30 unbundled from Appformin D was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypertensa #60: 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)-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods, L-arginine, choline and Other Medical Treatment Guideline or Medical Evidence: http://nutrientpharmacology.com/hypertensa.html.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) and nutrientpharmacology.com were used instead. Hypertensa is a Medical Food formulated for the management of hypertension and vascular health. Hypertensa helps promote nitric oxide in the peripheral blood vessels. Hypertensa is designed to provide the nitric oxide precursor arginine, and the acetylcholine precursor, choline to enhance the production of nitric oxide and acetylcholine transmitters in the blood vessels. According to ODG L-Arginine: "This supplement is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. Choline is a precursor of acetylcholine. 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. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). In this case, the patient has no known choline deficiency. Intake of Hypertensa may subject the patient to unnecessary side effects from this medical food. Furthermore, the patient's hypertension is adequately controlled based on the latest progress notes. Therefore, the request for Hypertensa #60 is not medically necessary.

Appformin D (Metformin) 500mg, #30: 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)-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Disability Guidelines (ODG) Diabetes chapter, Metformin and on Other Medical Treatment Guideline or Medical Evidence: http://nutrientpharmacology.com/PDFs/copacks/AppTrim-Appformin_Metformin-co_pack.pdf.

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 ODG was used instead. According to ODG, Metformin is recommended as a first-line treatment for type 2 diabetes to decrease insulin resistance. It can be used as monotherapy or in combination with other antidiabetic agents. It is effective in decreasing fasting and post-prandial glucose concentrations, and has beneficial effects on weight, lipid profile, and fibrinolysis. In this case, the patient has a diagnosed case of diabetes. The prescribed medicine was Appformin D (Metformin). Appformin D is a combination of Metformin and App-trim. AppTrim is a Medical Food designed to aid in the nutritional management of the metabolic process associated with obesity. Patients with obesity disorders are known to have nutritional

deficiencies of tryptophan, choline, tyrosine, histidine, flavonoids, and certain antioxidants. In this case, there was no evidence that the patient had a deficiency of any of these. Therefore, the request for Appformin D (Metformin) 500mg, #30 is not medically necessary.