

Case Number:	CM14-0010912		
Date Assigned:	02/21/2014	Date of Injury:	03/10/2004
Decision Date:	06/25/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family 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:

This 53-year-old female claimant has sustained a work injury on 3/10/04 involving the low back, hips and legs. She had a diagnosis of degenerative disc disease of the lumbar and cervical region. Her pain had been managed with Percocet and Soma. Since the time of her injury she developed problems solving abstract problems. She had been taking Adderal for concentration. In August 2013 her weight was notable to be 4 feet 11 inches and weighs 120 pounds. A progress note on 11/21/13 indicated a stable weight of 120 pounds. She had been on opioids and medical marijuana for pain management. She was well nourished appearing and had a normal abdominal exam. She had a decreased appetite and the treating physician ordered Ensure for her. In January 24, 2014, her weight remained at 120 lbs and was well nourished appearing. The Ensure was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF ENSURE #1 PACK WITH 5 REFILLS: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cannanbia/Marijuana - National Guidelines. Nation Guidelines on Weight Loss Management

Decision rationale: The MTUS and ACOEM guidelines do not comment on weight gain and appetite stimulants. In this case, the claimant had a stable weight of 120 pounds. She appeared well nourished. There was no lab work indicating vitamin deficiency or anemia. The side effects of Adderall include loss of appetite and weight loss. There is no mention of using alternative medications to alleviate the side effects. She had a normal body mass index (BMI) of 23. In addition, the claimant had been on medical marijuana, which is an appetite stimulator. Based on the above information there is no medical necessity for protein supplementation with Ensure for suppressed appetite. As such, the request is not certified.