

<b>Case Number:</b>	CM14-0110903		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 California and is licensed to practice in Occupational Medicine. 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 35 year-old female who has submitted a claim for cervical disculopathy, C4-5 Herniated Nucleus Pulposus; Both Upper Extremity Overuse Tendinitis; and Left Knee Internal Derangement, Contusion, and Chondromalacia, associated with an industrial injury date of 05/17/2007. Medical records from December 2013 to June 2014 were reviewed which showed aching in her neck, 8/10; back 7/10; and right shoulder 7/10 in severity. Patient likewise complained of aching pain with pins and needles sensation to her knees, 5/10, and right knee pain 3/10. Medical records from June 6, 2014 showed "reports weight changes"; height 5'2" and weight of 172 lbs. Physical examination showed slight left leg limp. Cervical spine showed tenderness in the paraspinal musculature of the cervical region and anterior neck. Range of motion, flexion at 35 degrees, extension 35 degrees, right rotation 40 degrees, left rotation 40 degrees, right tilt 30 degrees, and left tilt 30 degrees. Sensory testing and reflexes were normal. Motor exam was normal except for mild shoulder elevation weakness due to pain. Lumbosacral spine showed tenderness down to the base of the pelvis. Paraspinal musculature was slightly tight bilaterally; tender buttocks; and unable to squat due to pain. Range of motion showed flexion 20 degrees, extension 15 degrees, and right and left tilt 15 degrees. Deep tendon reflexes were normal; no gross motor weakness in the lower extremity. Left knee showed abnormal patellar tracking with hamstring tenderness. X-ray of the cervical spine, dated June 6, 2014, showed fusion at the C4-C5 level and C3-C4 with positive osteophyte both anteriorly and posteriorly. Treatment to date has included anterior cervical discectomy and fusion last June 13, 2013 and medications: Tramadol, Clonazepam, Gabapentin, and Omeprazole. Utilization review, dated 07/01/2014, denied the request for AppTrim #120, 2 bottles for 2 months. Progress notes from 06/06/2014 mentioned the need for Apptrim for weight reduction. However, there are no documented attempts at weight loss with exercise and self-imposed dieting.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**AppTrim #120, 2 bottles x 2 months:** 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 Chapter, Medical foods

**Decision rationale:** The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient's date of injury was 05/17/2007 and patient has undergone anterior cervical discectomy and fusion last 07/13/2013, however still complaining of pain. Patient was prescribed Apptrim on June 6, 2014 for weight reduction. However, from progress notes provided, there has been no discussion regarding failure of previous attempts at weight loss or specific nutritional needs that may warrant Apptrim use. Therefore, request for Apptrim #120, 2 bottles for 2 months is not medically necessary.