

Case Number:	CM14-0123872		
Date Assigned:	08/08/2014	Date of Injury:	11/30/2012
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 33-year-old female with a 11/30/12 date of injury. At the time (5/13/14) of request for authorization for Ultram 50mg #60, Theramine #60, and App Trim #120 there is documentation of subjective (pain in left shoulder; left knee, head and neck; and numbness with pins and needles sensation of low back and left leg) and objective (tenderness and decreased range of motion in left shoulder and decreased range of motion in lumbar spine) findings, imaging findings, current diagnoses (left shoulder impingement, L5-S1 disc herniation with left-sided radiculopathy, and left knee internal derangement), and treatment to date (medications (including ongoing naproxen, gabapetin, and tramadol)). Medical reports identify the alleviation of pain with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page(s) 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement, L5-S1 disc herniation with left-sided radiculopathy, and left knee internal derangement. In addition, there is documentation of ongoing treatment with Tramadol and Tramadol used as a second-line treatment. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, despite documentation that medications have been helping alleviate pain, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #60 is not medically necessary.

Theramine #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-Treatment for Worker's Compensation, Pain procedure summary last updated 06/10/2014.

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

Decision rationale: MTUS Guidelines does not address the issue. The Official Disability Guidelines (ODG) identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #60 is not medically necessary.

App Trim #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain procedure summary last updated 06/10/2014.

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 Food Other Medical Treatment Guideline or Medical Evidence:
<http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies App Trim as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic process associated with obesity, morbid obesity, and metabolic syndrome. MTUS does not address the issue. The Official Disability Guidelines (ODG) identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement, L5-S1 disc herniation with left-sided radiculopathy, and left knee internal derangement. In addition, there is documentation of obesity. However, there is no documentation identifying that the product is a food for oral or tube feeding; that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and that is used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for App Trim #120 is not medically necessary.