MAXIMUS Federal Services

Case Number:	CM14-0133994		
Date Assigned:	08/25/2014	Date of Injury:	08/21/2006
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Practice, 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 59 yr. old female claimant sustained a work injury on 8/21/06 involving exposure to chemicals, which resulted in pulmonary symptoms. She had a chronic diagnosis of obesity, sleep apnea and sleep disorder. A progress note on 2/12/14 indicated she weight 226 lbs. Her lipids were elevated and a pulmonary function test showed reduction in expiration residual volume due to obesity. The treating physician requested a weight management program. A progress note on 4/2/14 indicated she had been on Apptrim - 2 tablets twice daily for weight loss. At the time, her BMI was 38. A progress note on 7/16/14 indicated she had been on Apptrim - 2 tablets twice daily for weight loss. At the time, her BMI was 37. She had been on this medication since April 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPTRIM #120, TWO CAPS PO TWICE A DAY PER 2/12/14 AND 4/2/14 REPORTS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER, MEDICAL FOODS.

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: Apptrim is a dietary supplement (medical food) with natural ingredients intended for weight loss. It contains Tyrosine, Whey Protein, Choline, Serine, Glutamic Acid and Histidine. The ACOEM and MTUS guidelines do not comment on Apptrim. According to the ODG guidelines, 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. Glutamic Acid is used for treatment of hypochlohydria and achlorhydria. There is also no indication for L-Serine use. Based on the guidelines, the supplement Apptrim contains ingredients that are not medically necessary or supported by any evidence. The requested continued use of Apptrim is not medically necessary.