

<b>Case Number:</b>	CM14-0151967		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational 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 case involves a 53 year old female who developed a widespread chronic pain syndrome subsequent to an injury dated 10/17/13. She is described to experience 6/10 Visual Analog Scale (VAS) levels of pain involving her upper and lower spine. In addition she has pain in the bilateral upper extremities and knees. She is currently being treated conservatively; however, surgery has been requested for the right wrist. No unique medical conditions are documented or described.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Apptrim #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 (ODG) PAIN CHAPTER MEDICAL FOOD

**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:** MTUS Guidelines do not address the issue of Medical Foods. Official Disability Guidelines (ODG) directly addresses this issue. Medical Foods are only

recommended if there is a specific nutritional deficiency proven to be associated with a specific disease state. Apptrim is a blend of amino acids and amino acid precursors. Apptrim does not meet Guideline criteria for legitimate medical use. As such, this request is not medically necessary.

**Theramine #90:** 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 CHAPTER MEDICAL FOOD

**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:** MTUS Guidelines do not address the issue of Medical Foods. Official Disability Guidelines (ODG) directly addresses this issue. Medical Foods are only recommended if there is a specific nutritional deficiency proven to be associated with a specific disease state. Theramine is a blend of amino acids and amino acid precursors. Theramine does not meet Guideline criteria for legitimate medical use. As such, this request is not medically necessary.