

Case Number:	CM14-0159059		
Date Assigned:	10/02/2014	Date of Injury:	03/12/2012
Decision Date:	10/29/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with date of injury of 03/12/2012. The listed diagnoses per [REDACTED] from 08/26/2014 are: 1. Left shoulder impingement/mild biceps rupture. 2. Significant lumbar discopathy. 3. Significant left leg numbness. 4. Knee pain. According to this report, the patient complains of low back, left shoulder, and left knee pain. He rates his pain 7/10 to 8/10 on the pain scale and he does get some benefit from transdermal creams as well as oral medications, but has not had any formalized therapy. The patient also complains of aching, burning, and stabbing pain in the left arm with numbness and pins and needles sensation which he rates a 7/10 on the pain scale. The objective findings show patient is 5'10" and weighs 243 pounds. The patient's BMI is 34.9. Tenderness is present in the acromioclavicular joint. Examination of the left shoulder reveals erythema is absent. Apprehension's maneuver is negative. Impingement sign is positive. Motor function test is within normal limits. Sensory pinwheel test shows normal sensation in the upper extremities. Reflex test of the upper extremities is grade +2, normal. There is tenderness in the paraspinal musculature of the lumbar region on the left. Midline tenderness is noted on the lumbar spine. Patellar tracking is abnormal on the left knee with a positive patellar grind maneuver. The utilization review denied the request on 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Apptrim. #120 (two bottles): 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) ODG under the Pain Chapter on Medical Foods Aetna on weight reduction medications and programs

Decision rationale: This patient presents with low back, left shoulder, and left knee pain. The treater is requesting AppTrim, quantity #120 (2 bottles). According to the www.marvistahealthcenter.com website, AppTrim is an appetite suppressant for obesity management. It is considered a medical food formulated to meet the nutritional requirements of obese patients and to be used for specific dietary management of obesity. The California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) Guidelines do not address AppTrim. However, Aetna states that weight reduction medications are considered medically necessary for members who have failed to lose at least 1 pound per week after at least 6 months on a weight loss regimen. ODG on medical foods states that it is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria:1. The product must be a food for oral or tube feeding;2. The product must be labeled for dietary management of a specific medical disorder;3. The product must be used under medical supervision. The 08/26/2014 report notes that the treater is requesting AppTrim for weight loss given the patient's spine and knee pain. However, there is yet any discussion among the guidelines as to whether or not this particular supplement is effective in weight management. It is considered medical food but does not meet the ODG criteria. It is not considered medication and does not meet AETNA criteria. Treatment is not medically necessary and appropriate.