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| <b>Case Number:</b>   | CM14-0021931 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 02/23/1998 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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 Tennessee and Florida. 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 43 year old female who had a slip and fall resulting in an injury to her right lower extremity in 1998. The utilization review dated 02/10/14 resulted in a denial for the request for App Trim as insufficient documentation was presented indicating the medical necessity for the medical food. The clinical note dated 12/18/13 indicates the injured worker complaining of a shooting type pain in the right lower extremity. The injured worker was provided with Vicodin for ongoing pain relief. The injured worker rated the pain as 5-8/10. The injured worker was also provided with a B12 complex injection along with Toradol. The clinical note dated 04/09/14 indicates the injured worker continuing with complaints of a chronic aching type pain in the back. The injured worker described a pins and needles like sensation in both lower extremities. The note does indicate the injured worker undergoing aquatic therapy at that time. Upon exam, the injured worker was able to demonstrate 25 degrees of lumbar flexion, 10 degrees of extension, 20 degrees of bilateral rotation, and 15 degrees of right side bending with 10 degrees of left side bending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**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.

**Decision rationale:** The request for App Trim is not medically necessary. The documentation indicates the injured worker having complaints of low back pain with lower extremity involvement. Currently, no high quality studies have been published in peer reviewed literature supporting the use of App Trim. No information has been made available supporting the safety and efficacy of the use of App Trim. Therefore, this request is not indicated as medically necessary.