

Case Number:	CM14-0023082		
Date Assigned:	05/14/2014	Date of Injury:	08/06/2003
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 48 year old woman with hypertension and obesity with a work-related injury dated 8/6/2003. She has diagnosis including abdominal pain, obesity, esophageal reflux and chronic low back pain s/p surgery. She was evaluated by the secondary treating physician on 11/21/13 and noted to have "no change" in gastroesophageal reflux, constipation or abdominal pain. Exam showed stable vital signs and a benign abdominal exam. The medications are listed as dexilant, gaviscon, Appttrim-D, Amitiza, Sentra AM and PM, HCTZ, Lisinopril. There is no documentation of chronic joint pain or any use of NSAID medications for pain. The provider orders a GI prophile that includes TSH, amylase, lipase, H. pylori, CMP, CBC. The medical foods including Appttrim, Theramine and trepadone are ordered without documented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE GASTROINTESTINAL(GI) PROFILE COMPLETED 11/21/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26.

Decision rationale: According to the MTUS a patient taking NSAID analgesic medications should have periodic laboratory studies including a CBC and CMP. In this case there is no documentation that the patient is taking any NSAID medications. Furthermore the documentation by the provider does not describe if the injured worker is having any symptoms of pain or GI upset. The documentation says there is "no change" without further detail. The labs included in the panel include work up for acute pancreatitis and thyroid disease. There is no documentation that the patient has any symptoms consistent with disorders of the thyroid or pancreas. Therefore, the request for gastrointestinal (GI) profile completed 11/21/2013 is not medically necessary and appropriate.

APPTRIM-D #120 X 1 BOTTLE(1 MONTH SUPPLY): 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), Treatment Index, 12th edition, 2014, Pain, 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) Treatment Index, 12th edition, 2014, Pain, Medical Food.

Decision rationale: Apptrim-D is a medical food used as a weight loss supplement. It consists of Tyrosine, Choline Bitartrate, 5-Hydroxytryptophan, Hydrolyzed Whey protein, Histidine, Serine, Glutamic A, GrapeSeed Extract, Cocoa and Caffeine. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parental nutrition or for individuals with choline deficiency secondary to liver deficiency. The side effects of choline includes hypotension, acute GI distress and cholinergic side effects. In this case there is not documentation that the patient has a choline deficiency and given her h/o gastroesophageal reflux the potential side effect of this product of acute gastritis would be undesirable. Therefore, the request for Apptrim-D #120 x 1 bottle (1 month supply) is not medically necessary.

THE REQUEST FOR THERAMINE, #60 X 1 BOTTLE: 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), Treatment Index, 12th edition, 2014, Pain, 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) Treatment Index, 12th edition, 2014, Pain, Medical Food.

Decision rationale: Tharamine is a FDA regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Theramine promotes the production of the neurotransmitters that help manage and improve the sensory response to pain and inflammation. It contains Choline. Choline is a precursor of

acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parental nutrition or for individuals with choline deficiency secondary to liver deficiency. The side effects of choline includes hypotension, acute GI distress and cholinergic side effects. In this case there is not documentation that the patient has a choline deficiency and given her h/o gastroesophageal reflux the potential side effect of this product of acute gastritis would be undesirable. Therefore, the request for Tharamine, #60 X 1 bottle is not medically necessary.

THE REQUEST FOR TREPADONE, #90 X 1 BOTTLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TUS 9792.20-.26 Page(s): 50.

Decision rationale: Trepadone is a medical food containing amino acids, omega-3, glucosamine, and chondroitin. According to the MTUS glucosamine and chondroitin is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case there is no documentation that the patient has arthritis. The request for Trepadone #90 X 1 bottle is not medically necessary.