

Case Number:	CM14-0025983		
Date Assigned:	06/16/2014	Date of Injury:	01/23/2007
Decision Date:	12/26/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Medicine and is licensed to practice in New Jersey and New York. 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 62 year-old male who was injured on 1/23/07. He complains of left shoulder pain and weakness. He also complained of back, knee, lumbar spine pain, and sleep deprivation. A left shoulder MRI showed degenerative joint disease. A left knee MRI showed tear of the medial meniscus and the right knee MRI showed arthritis. An MRI of the lumbar spine showed herniated discs with neuroforaminal narrowing in 10/2010. Electrodiagnostic testing showed moderate bilateral carpal tunnel syndrome and peripheral neuropathy of the bilateral upper and lower extremities, as well as, moderate acute L5 and S1 radiculopathy on the left. In 4/2011, he had a lumbar provocative discography showing disc herniation's with typical severe low back pain into the legs. He was diagnosed with left shoulder rotator cuff impingement, possible rotator cuff tear, cervical spine myoligamentous injury, lumbar spine herniated discs with radiculopathy, bilateral knee degenerative joint disease, bilateral metatarsalgia, stress, anxiety, depression, and sleep deprivation. He received a cortisone injection for hip pain. His medications included Norco, Anaprox, Fexmid, Prilosec, Synovacin, topical analgesic cream, and medicinal marijuana. He had also had physical therapy and trigger point injections in his lower back. The current request is for Apptrim.

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 ODG 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, Medical Food and on the Other Medical Treatment Guideline or Medical Evidence: FDA section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3))

Decision rationale: AppTrim is not medically necessary. AppTrim is a Medical Food consisting of amino acids and polyphenol ingredients in specific proportions (tyrosine, choline bitartrate, 5-hydroxytryptophan, hydrolyzed whey protein, histidine, serine, glutamic A, grape seed extract, cocoa, and caffeine), for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. The FDA defines medical food in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, 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, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. AppTrim does not meet the requirement for medical food as stated by the FDA. There is no documented nutritional deficiency for which a medical food is required. Therefore, the request is considered not medically necessary.