

Case Number:	CM14-0030924		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2010
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 30-year-old female who sustained a work-related injury on 09/10/10. The clinical documentation submitted does not describe a mechanism of injury. The injured worker is being treated for multiple chronic musculoskeletal complaints. The diagnoses are cervical hyperextension/hyperflexion, mild cervical discopathy, lumbar hyperextension/hyper flexion, lumbar discopathy, bilateral shoulder impingement, bilateral upper extremity overuse tendonitis, anxiety, depression, gastrointestinal disturbance, and sleep disturbance. The injured worker had aqua therapy which was reported to have been beneficial. Pain management has been sought for consideration of lumbar epidural steroid injections. Examination of the lumbar spine revealed significant spasms and tenderness. Sciatic stretch was positive. There was limited range of motion with pain. Follow up visit on 06/17/13 noted examination findings are still the same as with the previous findings. There had been a prior utilization review on 03/10/14 which was non-certified for the AppTrim #120 and Theramine #90. The request is for AppTrim #120 and Theramine #90.

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, Pain (Chronic).

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.

Decision rationale: The request for AppTrim #120 is not medically necessary. The clinical documentation submitted for review and the evidence-based ODG do not support the request. AppTrim is designed for weight loss. There is no documentation provided regarding the injured worker's body habitus or prior attempts at independent weight loss. As such, medical necessity has not been established.

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, Pain (Chronic).

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.

Decision rationale: The request for Theramine #90 is not medically necessary. The clinical documentation submitted for review and the evidence-based ODG do not support the request. None of the active agents are supported for the treatment of chronic pain. As such, medical necessity has not been established.