

Case Number:	CM14-0040682		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2008
Decision Date:	09/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 02/16/2008. The mechanism of injury was not documented. The current medications were noted to include hydrocodone and Prilosec; the dosages and frequencies were not included. Diagnostic studies, surgical history, as well as other therapies were not documented. The only clinical that was submitted was dated 12/18/2013 which was a urine drug screen that noted positive findings for opiates and positive findings for hydrocodone. There were no other clinicals submitted for this review. The request is for Apptrim 120. The request for authorization was not submitted for review and a rationale was not submitted for review.

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 (ODG), Treatment in Workers Comp, Pain Chapter.

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 foot.

Decision rationale: The request is for Apptrim #120 is not medically necessary. ODG does not recommend the use of medical food. Apptrim #120 is a medical food and is used for specific dietary management of a disease or condition. The only clinical submitted for review is a urine drug screen. No reason or rationale of the need for this medication. There is a lack of information provided regarding the injured worker's weight and previous attempts to lose weight to support the request. The request as submitted also failed to provide the frequency at which it was to be taken. As such, the request is not medically necessary.