

Case Number:	CM14-0117050		
Date Assigned:	09/16/2014	Date of Injury:	05/10/2009
Decision Date:	01/27/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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 patient is a 60 year old female with an injury date on 5/10/09. The patient complains of low lumbar pain radiating into the bilateral lower extremities per 5/20/14 report. The patient has continuing pain and numbness, especially in the bilateral legs but medications are helping per 4/14/14 report. Based on the 4/14/14 progress report provided by the treating physician, the diagnosis is spinal discopathy with radiculopathy. A physical exam on 4/14/14 showed " morbidly obese, barely can move. Uses a cane." Physical exam on 5/20/14 showed L-spine range of motion causes pain. The patient's treatment history includes medications, myofascial release, manipulation, therapeutic exercises. The treating physician is requesting Apptrim quantity: 120. The utilization review determination being challenged is dated 7/2/14. The requesting physician provided treatment reports from 4/14/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPTRIM quantity 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, McKesson InterQual Guidelines, Official Disability Guidelines - Treatment Workers Compensation 2012 (www.odgtreatment.com), Work Loss Data Institute (www.worklossdata.com).

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 section; https://pbm.aetna.com/portal/asset/2015_Value_5TierOpen.pdf.

Decision rationale: This patient presents with lower back pain, bilateral leg pain. The provider has asked for Apptrim quantity: 120 on 4/14/14. Per <http://www.ptlcentral.com/medical-foods-products.php>, APPTRIM capsules are prescription only medical food, consisting of amino acids and polyphenol ingredients for the nutritional management of the metabolic processes associated with obesity. None of the guidelines including MTUS, ODG and ACOEM discuss weight loss programs. Per AETNA Pharmacy plan, APPTRIM is considered a "limited access" medication. For "medical food" in general, ODG guidelines states, "not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food 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." There is no discussion that medical foods or supplements can be helpful in weight loss. In this case, the patient is "morbidly obese" and is unable to move, as per the provider's physician examination, and some type of medically supervised weight loss program would appear needed. However, there is lack of medical evidence that APPTRIM, a medical food is efficacious. None of the guidelines specifically discuss this supplement. The request is not medically necessary.