

Case Number:	CM14-0205038		
Date Assigned:	12/17/2014	Date of Injury:	01/23/2007
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of January 23, 2007. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a request for Apatrim apparently dispensed on October 22, 2014. Non-MTUS Guidelines and medical foods were referenced. The applicant's attorney subsequently appealed. Apatrim was endorsed on variety of occasions, including via December 9, 2014 RFA form. On April 17, 2014, the applicant reported persistent complaints of low back and neck pain status post earlier cervical fusion surgery. The applicant's depression was worsened. The applicant was not leaving her home. The applicant had residual pseudoarthrosis about the cervical spine. Ultracet, Neurontin, and BuSpar were endorsed. The applicant was placed off of work, on total temporary disability. In a November 28, 2014 progress note, the attending provider renewed prescriptions for Ambien and Apatrim. The applicant reported ongoing complaints of neck and back pain with concomitant symptoms of depression. The applicant was reportedly obese, although the applicant's weight was not clearly stated. Acupuncture and manipulative therapy were sought. The applicant's work status was not clearly stated. It was suggested (but not clearly stated) that Apatrim was being employed for weight loss purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aptrim #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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 > Chronic Pain General Principles of Treatment > Medications > Alternative Treatments, Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in fun

Decision rationale: The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines do stipulate that dietary supplements such as Apptrim are not recommended in the treatment of chronic pain as they have not been demonstrated to have any favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would support Apatrim in the chronic pain, depression, and/or obesity context reportedly present here. The attending provider, furthermore, suggested that Apptrim was being employed for weight loss. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further states that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, the attending provider did not state whether ongoing usage of Apatrim had or had not generated weight loss. The applicant's height, weight, and BMI were not clearly stated on several handwritten progress notes, referenced above. Therefore, the request was not medically necessary.