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| <b>Case Number:</b>   | CM14-0096035 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 07/15/2010 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 worker is a 48 year old who was injured on 07/15/2010. The worker was injured when he fell while working on a car. The injured worker (IW) was standing over the cat walk in a garage when he slipped and fell approximately 2 feet into the work pit injuring the shoulder and wrist. Over the life of the claim, the IW has had left shoulder surgery (04/2013) Epidural injections into the lumbar spine, three sessions in 2011/2012, and right inguinal hemiorrhaphy in 2005. In the exam of 01/28/2014, the IW complains of Bilateral lower back pain rated a 7 /10, mild back pain rated as 7 /10, bilateral posterior neck pain rated a 7/10, left shoulder pain rated a 5/10 right shoulder pain rated 8/10, right knee pain rated 8/10, and bilateral temporal headaches rated 6 on a scale of 10. As a result of these complaints, pain medications have caused a gastritis that he rates a 7 on a 10. The applicant's condition related to the industrial injury was permanent and stationary on 02/18/2014. A complaint of vertigo/dizziness had resolved. In the report of 04/18/2014, the gastrointestinal diagnoses of gastritis, reflux esophagitis, duodenitis, hiatal hernia, dysphagia, irritable bowel syndrome, hemorrhoids, status-post H. pylori infection and diverticulitis are industrial-related diagnoses. Medications prescribed included Dexilant, Miralax, Colace, Sentra, and on the occasion of 04/18/2014, a new medication of AppTrim D #120, 1 bottle. Also prescribed was a Prevpac for 14 days to rule out H. Pylori. On 05/21/2014, a request for authorization was received for App-Trim D, qty 120, 1 bottle. The request for App-Trim D, qty 120, 1 bottle was denied due to the requested product classification as a medical food. Medical foods are not regulated by the FDA and are not supported by guidelines for the treatment of chronic pain. citing \*American College of Occupational and Environmental

Medicine (ACOEM) Guidelines (2007), Low Back Chapter, page 125; FDA Website; DWC Official Medical Fee Schedule (OMFS), page 7. Application for independent medical review for the denied App-Trim D was made 06/14/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**App-Trim D, qty 120, 1 bottle:** 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 (ACOEM) Guidelines (2007), Low Back Chapter, page 125; FDA Website; DWC Official Medical Fee Schedule (OMFS), page 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Medical foods

**Decision rationale:** Pursuant to the Official Disability Guidelines, Apptrim D is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods are not recommended for the treatment of chronic pain as they have not been shown to produce meaningful benefits or improvement in functional outcomes. Apptrim D is a medical food. In this case, the injured workers working diagnoses are Gastritis, per EGD; reflux esophagitis, per EGD; duodinitis, per EGD; large 7-cm hiatal hernia, per EGD; dysphagia, secondary to reflux dysphagia; IBS; internal hemorrhoids, per colonoscopy; status post H. Pylori infection; and diverticulosis. Subjectively, the injured worker complains of bloating, slight improvement in gastroesophageal reflux, nausea and constipation, episodic chest pain but denies shortness of breath. Apptrim D is a medical food. Medical foods are not recommended for chronic pain. Consequently, absent guideline recommendations pursuant to the Official Disability Guidelines, Apptrim D is not medically necessary.