

<b>Case Number:</b>	CM15-0006885		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on 7/15/10. He has reported right shoulder, neck and low back pain. The diagnoses have included right shoulder impingement, hiatal hernia, cervical disc injury and L4-L5 spondylolisthesis. Treatment to date has included electro acupuncture, electrodiagnostic studies, surgeries and oral medications. The PR2 dated 10/15/14, indicated that the injured worker has a umbilical hernia, which is causing him abdominal pain. His weight is 219lbs and height 5'5. The physician noted that the injured worker was supposed to continue a low-fat diet and increase fluid intake. The treating physician is requesting App Trim-D #120. On 12/16/14 Utilization Review non-certified a request for App Trim-D #120. The UR physician cited medical necessity. On 1/13/15, the injured worker submitted an application for IMR for review of App Trim-D #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**App Trim-D, # 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration, Medical Foods Classification

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians. Office based strategies for the management of obesity.

**Decision rationale:** MTUS, ACOEM, and ODG are all silent on this issue. Therefore, the AAFP (American Academy of Family Physicians) guidelines regarding the treatment and management of Obesity was referenced. App Trim-D is considered "A specially formulated Medical Food that must be administered under the ongoing supervision of a medical professional, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome." This definition is courtesy of Physician Therapeutics website (<http://www.ptlcentral.com/medical-foods-products.php>). Regarding this patient's case, this medical food is not considered medically necessary. There is no compelling reasoning presented that justifies why this patient can not go on a traditional diet and exercise program to lose weight. App Trim-D is not considered a medical necessity.