

Case Number:	CM15-0007938		
Date Assigned:	01/23/2015	Date of Injury:	11/02/2009
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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: Maryland, District of Columbia
 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:

This 51 year old man sustained an industrial injury on 11/2/2009 to the back, right shoulder, and neck while lifting a very large plate of glass. Current diagnoses include worsening major depressive disorder with psychotic features, chronic widespread pain syndrome, left myokymia, diabetes mellitus, gastroesophageal reflux disease with Barrett's esophagus, bilateral rotator cuff syndrome, chronic cervical sprain/strain, chronic lumbar spine sprain/strain with lumbar disc spondylosis, and left first MTP joint capsulitis with altered gait. Treatment has included oral medications, surgical intervention, lumbar epidural injections, two right shoulder injections, physical therapy, home exercise program, gastroenterologist consultation, ophthalmology consultation, neurologist consultation, psychiatric treatment, pain management service, and cervical epidural injections. Physician notes on 11/6/2014 show improved gastroesophageal reflux with medications and no change in alternating diarrhea and constipation. There is a note that the worker was determined to be permanent and stationary on 5/9/2013. Recommendations include a pending sudo-scan, sentra am and pm and appformin-D were dispensed. There was no rationale included for the recommendations. On 12/19/2014, Utilization Review evaluated a prescription for Appfermin-D 3 copacks, that was submitted on 1/14/2015. The UR physician noted that the requested medication is considered a medical food and there is no documentation to support, per guidelines, a medical food. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appfermin-D (apptrim-D #120/metformin #30, 500mg) 3 copacks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125;7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter

Decision rationale: This 51 year old man sustained an industrial injury on 11/2/2009 to the back, right shoulder, and neck while lifting a very large plate of glass. Current diagnoses include worsening major depressive disorder with psychotic features, chronic widespread pain syndrome, left myokymia, diabetes mellitus, gastroesophageal reflux disease with Barrett's esophagus, bilateral rotator cuff syndrome, chronic cervical sprain/strain, chronic lumbar spine sprain/strain with lumbar disc spondylosis, and left first MTP joint capsulitis with altered gait. Treatment has included oral medications, surgical intervention, lumbar epidural injections, two right shoulder injections, physical therapy, home exercise program, gastroenterologist consultation, ophthalmology consultation, neurologist consultation, psychiatric treatment, pain management service, and cervical epidural injections. Physician notes on 11/6/2014 show improved gastroesophageal reflux with medications and no change in alternating diarrhea and constipation. There is a note that the worker was determined to be permanent and stationary on 5/9/2013. Recommendations include a pending sudo-scan, sentra am and pm and appfermin-D were dispensed. AppTrim is a medical food that contains L-glutamic acid, Choline bitartrate, L-histidine, L-Tyrosine, L-Serine, Whey protein isolate, Grape seed extract, caffeine and cocoa. Per ODG, "there is no known medical need for choline supplementation except for the case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency". In addition, "glutamic acid" is used for treatment of hypochlorhydria or achlorhydria. Indications include impaired intestinal permeability, short bowel syndrome and critical illnesses. There is no indication for use of L-serine. In light of the above, AppTrim is not medically necessary or appropriate.