

Case Number:	CM15-0020336		
Date Assigned:	02/09/2015	Date of Injury:	07/23/2007
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female, who sustained a work related injury on 7/23/07. The diagnoses have included diabetes mellitus and blurred vision. Treatments to date have included home blood glucose monitoring and oral medication of Appformin-D/Metformin. In the PR-2 dated 11/20/14, there are no diabetes related complaints by the injured worker. The Utilization Review on 1/15/15 was a request for an Appformin-D pak (AppTrim-D/Metformin). Per the Non-MTUS Guidelines, the request was not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appformin D Pak (AppTrim D/metformin): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes Chapter Metformin (Glucophage) and on AppTrim Product Information Sheet AppTrim for Obesity Management Medical Foods Classification;

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

Decision rationale: The injured worker has a chronic history of diabetes mellitus and blurred vision who had recently been prescribed Appformin-D pak, which is a combination of AppTrim-D and metformin. AppTrim-D is a medical food formulated for obese patients to meet specific nutritional requirements while suppressing appetite. Despite the use of medical foods for the dietary management of diseases, this amino acid therapy is not found within the MTUS or ODG guidelines for diabetes. In addition, her available medical records mention good diabetes control, but there is no documentation of the specific medications to control her blood glucose. Although metformin is recommended in ODG as a first-line treatment of type 2 diabetes, based on the specified guidelines and the injured workers medical records, the request for an Appformin-D pak treatment is not medically necessary.