

<b>Case Number:</b>	CM15-0042625		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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  
Certification(s)/Specialty: Emergency 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 36-year-old female sustained a work related injury on 02/15/2012. According to a recent progress report dated 01/12/2015, the injured worker complained of uncontrolled diabetes mellitus and reported improved hypertension. She also complained of depression, anxiety, and musculoskeletal pain. Diagnoses included abdominal pain, acid reflux rule out ulcer/anatomical alteration, weight gain unsubstantiated at this time, diabetes mellitus rule out industrial aggravation, hypertension rule out industrial aggravation, orthopedic diagnosis (deferred to appropriate specialist), psychiatric diagnosis (deferred to appropriate specialist) and sleep disorder (deferred to the primary treating physician). Treatment plan included gastrointestinal, diabetes mellitus and hypertension profile labs and urinalysis. Medications/supplies were noted as Apprim-D #120, three bottles (per patient, she does not need). Work status was deferred to the primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Bottles of Apprim-D #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 (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation ODG: Pain (Chronic): medical foods.

**Decision rationale:** Apptrim-D is a combination of various non-medicinal compounds, amino acids and various extracts and is marketed as a medical food for weight loss. MTUS chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, medical foods are not recommended with little to no evidence to support these claims by the manufacturer. It is marketed as a medical food/non-medicinal supplement. Similar to many of these "medical food" products, it makes multiple vague claims so as not to require FDA trials. There are no supporting good quality studies on the efficacy of this product. The studies often quoted are poorly designed studies. The ODG indicates medical food is defined as "a food which is formulated to be consumed or internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation." Documentation states that patient has "weight gain". There is no information of other attempted treatments for this problem. Patient has no documented nutritional deficiency causing weight gain. A "medical food" is not indicated since there is no nutritional deficiency or documented nutritional special requirements. Apptrim-D is a non-evidenced based non-medicinal substance with unknown efficacy or safety profile and is not medically necessary.

**Unknown Accu-check:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational) Glucose Monitoring.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation ODG: Diabetes: Fasting Blood Glucose.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, fasting blood glucose testing is recommended in diagnosing diabetes. Patient already has a known diagnosis with appropriate home monitoring and blood testing done for diabetes monitoring. This accu-check was done in-office with no noted indications. This additional test is redundant and is not medically necessary.

**1 EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Aug. 1 p.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Morey SS. Practice Guidelines: ACC/AHA Guidelines for Ambulatory ECG. Am Fam Physician. 2000 Feb 1; 61(3):884-888.

**Decision rationale:** MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines do have any sections that relate to this topic. As per American College of Cardiology/American Heart Association guidelines, it does not recommend routine EKGs in patients with stable high blood pressure. Patient does not meet recommendation for EKGs are per guidelines. EKG is not medically necessary.

**1 2D echo:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Earls, JP, Woodard PK, Abbara S, Akers SR, Araoz PA, Cummings K, Cury RC, Dorbala S, Hoffmann U, HSU JY, Jacobs JE, Min JK, Expert Panel on Cardiac Imaging,. ACR Appropriateness Criteria, asymptomatic patient at risk for coronary artery disease. [Online publication]. Reston (VA): American College of Radiology (ACR) 2013. 12 p.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Douglas P.S., Khandheria B., Stainback R.F., et al; ACCF/ASE/ACEP/ASNC/SCAI/SCCT/SCMR 2007 appropriateness criteria for transthoracic and transesophageal echocardiography: a report of the American College of Cardiology Foundation Quality Strategic Directions Committee Appropriateness Criteria Working Group, American Society of Echocardiography, American College of Emergency Physicians, American Society of Nuclear Cardiology, Society for Cardiovascular Angiography and Interventions, Society of Cardiovascular Computed Tomography, and the Society for Cardiovascular Magnetic Resonance endorsed by the American College of Chest Physicians and the Society of Critical Care Medicine. J Am Coll Cardiol. 2007; 50:187-204.

**Decision rationale:** MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines do have any sections that relate to this topic. As per joint guidelines by multiple medical societies, routine echocardiography of patients with low or intermediate risk patients with asymptomatic hypertension is one of the recommended criteria as per guidelines. 2D echo is not medically necessary.