

<b>Case Number:</b>	CM15-0048872		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/13/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, 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 injured worker is a 55-year-old female who sustained an industrial injury on 10/13/2000. Diagnoses include chronic pain, failed back surgery syndrome-lumbar, lumbar radiculopathy, status post fusion-lumbar spine, headache, status post intrathecal pump implant. Treatment to date has included medications, home exercise program, intrathecal drug delivery system, and physical therapy. A physician progress note dated 01/22/2015 documents the injured worker has neck pain that radiates down bilateral upper extremities, low back pain that radiates down both lower extremities, and lower extremity pain bilaterally in the knees and feet, and is associated with muscle weakness. Pain is rated 7- 8 out of 10 with medications. There is limited range of motion of the lumbar spine, and straight leg raise is positive with sciatic stretch. Theramine is recommended for inflammation, and AppTrim is recommended for the dietary management of obesity. Treatment requested is for AppTrim #60, and Theramine #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AppTrim #60:** 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, Medical Food.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Apptrim #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post lumbar fusion; multilevel cervical and lumbar spine discopathy; cervical sprain/strain; obesity; hypertension; eye complaints; and right knee injury. Medical foods are not recommended for chronic pain. Consequently, absent guideline recommendations for medical foods, Apptrim #60 is not medically necessary.

**Theramine #60:** 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, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical foods.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Theramine #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post lumbar fusion; multilevel cervical and lumbar spine discopathy; cervical sprain/strain; obesity; hypertension; eye complaints; and right knee injury. Medical foods are not recommended for chronic pain. Consequently, absent guideline recommendations for medical foods, Theramine #60 is not medically necessary.