

Case Number:	CM14-0128689		
Date Assigned:	09/16/2014	Date of Injury:	06/14/2011
Decision Date:	10/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old female who has submitted a claim for C5-C6 and C6-C7 herniated nucleus pulposus, L4-L5 facet arthropathy, and obesity associated with an industrial injury date of 6/14/2011. Medical records from 10/20/2013 up to 7/16/2014 were reviewed showing complaints of neck and low back pain described as dull, throbbing, burning, and pressure like with radiations to the left arm. Pain is aggravated by bending forward and backward at the waist, stooping, squatting, and twisting. Physical examination showed normal gait and tenderness over the paraspinal musculature of the cervical region on the left. There was midline tenderness over the cervical and lumbar region on the right and left. Muscle spasm was also noted over the cervical region on the left. Sensation was decreased over the C5-6 and C6-7 dermatomes on the left. Abdomen is obese. She also had painful but full shoulder mobility. Treatment to date has included AppTrim, Urafin, Tylenol with codeine, cervical spine injections, and HEP. Utilization review from 7/29/2014 denied the request for Apptrim #120. There is no indication of specific nutritional deficits that warrant the need for supplementation with AppTrim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apptrim #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)- TWC Procedure Summary last updated 06/10/2014. 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 Chapter, Medical foods

Decision rationale: The CA MTUS does not address medical food specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines state that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods must be used under medical supervision. In this case, the patient has been taking AppTrim since July 16, 2014. The patient is diagnosed with C5-C6 and C6-C7 herniated nucleus pulposus, L4-L5 facet arthropathy, and obesity. She complains of continued neck and low back pain. It was noted in PR dated 7/16/2014 that AppTrim is being prescribed because it will likely enhance pain relief, help restore function, and improve overall ability to perform activities of daily living. However, from progress notes provided, there has been no discussion regarding failure of previous attempts at weight loss or specific nutritional needs that may warrant Apptrim use. Therefore, the request for Apptrim #120 is not medically necessary.