

Case Number:	CM14-0128931		
Date Assigned:	09/22/2014	Date of Injury:	01/13/2010
Decision Date:	12/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Medicine 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:

Claimant is a 60 year old female with bilateral knee and back pain. Date of Injury (DOI) is on 1/13/ 2010. Reviewed progress notes dated April 22, 2014. At that time, it was noted that the patient continues with low back and bilateral knee pain. On exam, there was no body mass index (BMI) listed and range of motion lumbar spine is deliberate before. Plan is to continue conservative care including pool therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Apptin #120:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: In regards to requested weight loss medication Apptin , it is not considered medically necessary as there is no documentation that claimant failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy. Also, there is no documentation of claimant having a (BMI) greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 kg/m or

having obesity-related risk factors such as hypertension (HTN), Diabetes mellitus (DM), cardiovascular disease (CVD), obstructive sleep apnea (OSA), or hyperlipidemia. The request is not medically necessary.

Med Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Sentra is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The request is not reasonable as there is no indication that there is a nutritional deficiency that could be addressed with medical food or that this claimant is suffering from insomnia.