

Case Number:	CM14-0130268		
Date Assigned:	08/20/2014	Date of Injury:	05/13/2004
Decision Date:	10/23/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 51-year-old female who reported injury on 05/13/2004. The mechanism of injury was not provided. The injured worker's diagnoses included cervical pain status post 2 level anterior cervical discectomy and fusion, bilateral shoulder tendinopathy, right shoulder rotator cuff tear, bilateral carpal tunnel syndrome, right ganglion cyst, status post right carpal tunnel release, upper extremity complex regional pain syndrome, obesity, internal medicine problems, and status post revision right carpal tunnel release. On the clinical note dated 07/11/2014, the injured worker complained of bilateral hand numbness, neck pain, and right shoulder pain rated 7/10 to 8/10. The injured worker had range of motion with cervical flexion at 30 degrees, extension 20 degrees, with discomfort. The injured worker's medications included Ultram 50 mg 1 to 2 every 4 to 6 hours for pain relief; Lorazepam 1 to 2 at bedtime; Norco 10/325 every 6 hours as needed. The request was for Theramine #90 and retrospective AppTrim #120. The rationale for the request was not provided. The Request for Authorization form was submitted on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90 (2 capsules in morning and 2 in the evening): 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), PAIN, MEDICAL FOODS.

Decision rationale: The injured worker is diagnosed with cervical pain, status post 2 level anterior cervical discectomy and fusion, bilateral shoulder tendinopathy, right shoulder rotator cuff tear, bilateral carpal tunnel syndrome, right ganglion cyst, status post right carpal tunnel release, upper extremity chronic regional pain syndrome, obesity, internal medicine problems, and status post revision right carpal tunnel release. The injured worker complained of bilateral hand numbness, neck pain, and significant right shoulder pain rated 7/10 to 8/10. The Official Disability Guidelines recommend medical foods, which are 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. To be considered, the product must be food for oral or tube feeding, labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and used under medical supervision. The guidelines recommend Theramine as an option for arthritis in patients at risk of adverse effects from NSAIDs, with recent evidence that Limbrel is capable of causing acute liver injury and should be used with caution. The injured worker's medical records lacked documentation of the necessity of the medication for oral or tube feeding, labeled for dietary management of a specific medical disorder, disease or condition for which there are distinctive nutritional requirements, and used under medical supervision. Additionally, there lacks documentation of the injured worker being at risk of adverse effects from NSAIDs. The request does not indicate the dosage of the medication. As such, the request for Theramine #90, 2 capsules in the morning and 2 capsules in the evening is not medically necessary.

Retro- AppTrim #120 2 capsules twice a day: 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 Chapter Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), PAIN, MEDICAL FOODS.

Decision rationale: The injured worker was diagnosed with cervical pain, status post 2 level anterior cervical discectomy and fusion, bilateral shoulder tendinopathy, right shoulder rotator cuff tear, bilateral carpal tunnel syndrome, right ganglion cyst, status post right carpal tunnel release, upper extremity chronic regional pain syndrome, obesity, internal medicine problems, and status post revision right carpal tunnel release. The injured worker complains of bilateral hand numbness, neck pain, and significant right shoulder pain rated 7/10 to 8/10. The Official Disability Guidelines recommend medical foods, which are 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. To be considered, the

product must be food for oral or tube feeding, labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and used under medical supervision. AppTrim is a specially formulated medical food that must be administered under the ongoing supervision of a medical professional, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. The injured worker's medical records lacked documentation of necessity of the medication for oral or tube feeding, labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and used under medical supervision. Additionally, the request does not indicate the dosage for the medication or the retrospective date. As such, the request for retrospective AppTrim #120, 2 capsules twice a day, is not medically necessary.