

Case Number:	CM14-0131888		
Date Assigned:	08/20/2014	Date of Injury:	04/30/2008
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

Injured worker is a male with date of injury 4/30/2008. Per primary treating physician's progress report dated 4/7/2014, the injured worker reports bilateral knee replacement with continual pain. Low back pain is rated at 7/10 with bilateral lower radiculopathy. On examination there is tenderness to palpation over medial and lateral joint line, tenderness to palpation over paraspinal muscles. Diagnoses include 1) status post bilateral total knee arthropathy 2) lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aptrim #120 99070: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition(web), 2013, 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 Chapter, Medical Food section

Decision rationale: Per manufacturer's information, Aptrim is a specially formulated medical food consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions for the dietary management of the metabolic process associated with obesity, morbid

obesity, and metabolic syndrome. The MTUS Guidelines do not address the use of Apptrim or other medical foods. The ODG does not recommend the use of medical foods such as Apptrim except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. Medical necessity of this request has not been established within the recommendations of the ODG. The request for Apptrim #120 99070 is determined to not be medically.