

Case Number:	CM14-0133900		
Date Assigned:	08/27/2014	Date of Injury:	11/03/2009
Decision Date:	09/26/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/21/2014

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 Preventive 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:

According to the records made available for review, this is a 40-year-old female with a 11/3/09 date of injury. At the time (2/26/14) of request for authorization for Aptrim-D Quantity: 120, there is documentation of subjective (pain in the neck, shoulder, and low back) and objective (tenderness over the cervical and lumbar paraspinals, decreased cervical and lumbar range of motion with spasms, shoulder crepitus is noted, decrease sensation over the dorsum of foot and posterolateral calf, and positive bilateral sciatic nerve compression test) findings, current diagnoses (mild left shoulder impingement and lumbar discopathy with possible radiculopathy), and treatment to date (medications, extracorporeal shockwave treatment). There is no documentation of metabolic processes associated with obesity, morbid obesity, and metabolic syndrome and that Aptrim-D will be used for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aptrim-D Quantity: 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, Chronic 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 Other Medical Treatment Guideline or Medical Evidence:
<http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Apptrim-D as a Medical Food, consisting of a proprietary formulation 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. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of mild left shoulder impingement and lumbar discopathy with possible radiculopathy. In addition, there is documentation that Apptrim-D is for oral use and under medical supervision. However, there is no documentation of metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. In addition, there is no documentation that Apptrim-D will be used for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for Apptrim-D Quantity 120 is not medically necessary.