

<b>Case Number:</b>	CM14-0186991		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

There were 69 pages provided for this review. There was a review done on October 28, 2014. It was for Ultram and Norco. The claimant was described as a 61-year-old man with a date of injury of October 12, 2012. There was a work-related exam on September 9, 2014. The complaint was an injury to the neck and low back which the patient related the low back pain was 4 to 5 out of 10. The patient reportedly currently takes hydrocodone, naproxen and ibuprofen. The patient was not attending therapy. There was an ability to stand erect but with a slightly antalgic gait. Cervical spine exam showed painful range of motion. There was a knot in a trigger point area along the medial trapezius and Levator Scapula. The patient reports returning to full duty on September 10, 2014. There was a facet rhizotomy on September 29, 2014. There was discussion about weight control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Apprim (Through [REDACTED]): 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 Section, under Medical Food

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes under Pain, Medical Food: Per the product literature, AppTrim capsules by oral administration. A specially formulated Medical Food product, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. The formulation consists of L-Glutamic Acid, Choline Bitartrate, L-Histidine HCL, L-Tyrosine, L-Serine, Whey Protein Isolate (Milk), Griffonia Seed Extract, Cocoa Extract, Caffeine, and Grape Seed Extract. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is 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." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. I did not find documentation of 'distinctive nutritional requirements' based on recognized scientific principles are necessary for obesity treatment. The request is not medically necessary.