

Case Number:	CM14-0096069		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2004
Decision Date:	09/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Medicine and is licensed to practice in Ohio and Texas. 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 57-year-old male with a reported date of injury on 05/15/2004. The mechanism of injury was not submitted within the medical records. Diagnoses were noted to include cervical disc bulge, right sternalclavicular joint dislocation, cervical radiculopathy, left carpal tunnel syndrome, left facet hypertrophy, left hip trochanteric bursitis, painful retained hardware, status post posterolateral interbody fusion, lumbar discopathy, status post-surgery, and bilateral knee pain. Previous of treatments were noted to include hip injections, physical therapy, medications, trigger injections, and aquatic therapy. The progress note dated 06/04/2014 revealed the injured worker complained of pain to his head, clavicle, left hip, and spine. The injured worker rated his pain to his low back as 7/10, left hip as 8/10, neck as 6/10, and bilateral legs as 7/10. The physical examination of the lumbar spine noted tenderness in the paraspinous musculature of the lumbar spine and midline tenderness to the lumbar spine. There was negative muscle spasms noted in the lumbar region and there was a decreased range of motion. The motor strength examination was normal. The range of motion to the left hip was diminished. The Request for Authorization form dated 06/04/2014 was for AppTrim #120 two capsules twice a day for the dietary management of morbid obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apptrim #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Decision rationale: AppTrim consists of tyrosine, choline bitartrate, 5-hydroxy tryptophan, hydrolyzed whey protein, histidine, serine, glutamic A, grape seed extract, cocoa and caffeine. The Official Disability Guidelines recommend medical food when they meet the criteria of the product must be food for oral or tube feeding, the product must be labeled for dietary management of the specific medical disorder, disease, or condition for which there are distinct nutritional requirements, the product must be under medical supervision. The guidelines state choline has no known medical need except for the case of long term parental nutrition or individuals with choline deficiency secondary to liver deficiency. The guidelines state 5-hydroxy tryptophan is found to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. The guidelines state L-serine has no indication for the use of the supplement. There is a lack of documentation regarding the medical necessity for AppTrim. The guidelines do recommend L-serine and the injured worker is not taking long term parental nutrition or is diagnosed with choline deficiency secondary to liver deficiency to necessitate AppTrim. The ingredient L-serine does not have an indication and therefore, AppTrim is not warranted. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is medically unnecessary.