

<b>Case Number:</b>	CM14-0216236		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/26/2002
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female was a probation officer when she sustained a continuous trauma injury on August 16, 2002. The injured worker sustained a cervical spine injury and back pain. Past treatment included a home exercise program, and medications, including anti-inflammatory, pain, and anti-depressant. On October 20, 2014, the injured worker underwent bilateral L4, L5, and S1 facet median nerve radiofrequency rhizotomy and an L4, L5, and S1 steroid injection. On Sept 26, 2014, the treating orthopedic physician noted moderate, persistent, aching lower back pain with radiation to bilateral hips. The injured worker was beginning to have mild right leg pain with pins and needles sensation. The physical exam revealed a height of 5 ft. 1 inch, a weight of 184 pounds, and a normal gait. The lumbar spine exam revealed no kyphosis, surgical scarring, non-tender anterior abdominal incision without a hernia, tenderness of the bilateral paraspinous musculature, midline tenderness, mildly decreased range of motion, no spasm with range of motion, intact sensation, normal strength, normal deep tendon reflexes without clonus, intact circulation of bilateral lower extremities, and negative sciatic nerve compression test, bilateral straight leg raise, and Waddell signs. There was no heightened pain response. Diagnoses were two level mechanical instability, lumbar degenerative disc disease, and status post hybrid surgery at L4-5 and fusion at L5-S1. Current medications included anti-inflammatory, pain, and anti-depressant medications. The physician noted the injured worker had been gaining weight and a prior request for a weight loss program had not been authorized. The treatment plan included continuing her home exercise program and another request for a weight loss program. The injured worker was not currently working. The request for a prescription for

AppTrim-D #120, two bottles, to take two capsules twice a day was not included in the provided medical records. On November 24, 2014, Utilization Review non-certified a prescription for AppTrim-D #120, two bottles, to take two capsules twice a day requested on November 17, 2014. The AppTrim-D was non-certified based on the use of several of the medication/supplement's ingredients are not supported therefore medical necessity has not been established. The Aetna guidelines for AppTrim-D and the Official Disability Guidelines (ODG), Pain Chapter regarding Medical food were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AppTrim-D #120, two bottles, take two 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 <http://ptloffice.com> Official Disability Guidelines (ODG), Pain Chapter, Medical Food <http://www.aetna.com>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA website: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/> and 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2013.

**Decision rationale:** AppTrim- D is a medical food that is used as an appetite suppressant in obesity. The term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) is "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." The records do not substantiate improvement with medications or why a medical food is being used instead of or in addition to traditional medications. Additionally, per the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society, healthcare providers should develop individualized weight loss plans that include three key components a moderately reduced calorie diet, a program of increased physical activity and the use of behavioral strategies to help patients achieve and maintain a healthy body weight. The records also do not document a comprehensive weight loss plan or what the weight loss is targeting with regards to function or pain. The medical necessity of AppTrim-D is not substantiated in the records. The request for AppTrim-D is not medically necessary.