

Case Number:	CM15-0012467		
Date Assigned:	01/30/2015	Date of Injury:	03/09/2008
Decision Date:	03/19/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 53 year old female, who sustained a work injury from repetitive motion while working as a housekeeper on 3/9/08. She has reported symptoms of neck, right knee, bilateral wrists, right shoulder, and lumbar spine pain. Prior medical history includes bilateral carpal tunnel syndrome and right shoulder surgery on 4/13/12, left carpal tunnel release on 1/13/13 and right carpal tunnel release on 11/21/13. The diagnoses have included dysmetabolic syndrome/obesity as well as cervicalgia, right knee internal derangement, and lumbar radiculitis. The physical exam noted tenderness of the cervical and lumbar spine with limited range of motion. The straight leg raise test was positive and the right knee was tender. Treatment to date has included medication, home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and lumbar support brace. Medications included Omeprazole, Zolpidem, Ibuprofen, Hydrocodone, Condrolite, and Lorazepam. Per the physician's report of 9/25/14, it reported the IW 'being somewhat overweight'. The injured worker was encouraged to lose weight. An order for AppTrim was requested along with medical food weight loss supplement to diminish the strain that the additional weight was placing on her lumbar spine as well as the right knee. On 12/27/14, Utilization Review non-certified AppTrim #120, noting the (ODG) Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

AppTrim #120 for Dysmetabolic Syndrome/Obesity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical foods
<http://www.webmd.com/drugs/drugreview-145400-AppTrim+Program+Oral.aspx?drugid=145400&drugname=AppTrim+Program+Oral>

Decision rationale: ODG states that a medical food is "Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as a food which is formulated to be consumed or administered eternally 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. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision."The medical documentation provided does not detail other weight loss efforts that have been made by this patient. Guidelines do not support the use of medical foods. As such, the request for AppTrim #120 for Dysmetabolic Syndrome/Obesity is not medically necessary.