

Case Number:	CM15-0018715		
Date Assigned:	02/06/2015	Date of Injury:	04/22/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on April 22, 2013. He has reported chest pain, hypertension, depression and anxiety. The diagnoses have included coronary artery disease, probable sleep apnea, type two diabetes mellitus and industrial related hypertension with left ventricular hypertrophy. Treatment to date has included cardiac stress test, electrocardiogram, radiographic imaging, diagnostic studies, medication management and conservative therapies. Currently, the IW complains of continued severe work related stress with associated hypertension. The injured worker reported an industrial related condition in 2013. He reported chest pain with radiation down the left arm. He underwent a positive cardiac workup revealing left ventricular hypertrophy and hypertension secondary to continued stress. On June 6, 2014, evaluation revealed an abnormal electrocardiogram. He was noted to have sinus tachycardia with a rate of 114 beats per minute. The plan was to have further myocardial perfusion test. Medications were adjusted and he remained off work. Diagnostic studies in August, 2014, revealed moderate sleep apnea. Evaluation on October 10, 2014, revealed continued complaints. CPAP was ordered. On January 6, 2015, Utilization Review non-certified a A(152 weight management (██████████ Advanced Formula Protein Shakes), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 11, 2015, the injured worker submitted an application for IMR for review of requested A (152 weight management (██████████ Advanced Formula Protein Shakes).

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Management (████ advanced Formula Protein Shakes) (in months) Qty: 3: 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 Aetna Weight Reduction Medications and Programs Number: 0039

Decision rationale: The patient presents for follow up appointment to discuss recent bouts of chest pain approximately 2 months ago which have since resolved. Patient has no other subjective complaints. The purpose of the visit is to consult with a physician regarding weight loss. The patient's date of injury is 04/22/13. Patient has no documented surgical history directed at this complaint. The request is for WEIGHT MANAGEMENT (████ ADVANCED FORMULA PROTEIN SHAKES) (IN MONTHS) QTY: 3. The RFA is dated 12/18/14. Physical examination dated 12/18/14 does not include examination findings, only a review of systems: patient BP 128/78, pulse 87, weight 200lbs and includes discussions regarding smoking cessation and weight loss. The patient is currently prescribed Aspirin, Crestor, Metoprolol, Nitrostat, Metformin, Benazepril, Trilipix, Naprosyn, and Slo-Niacin. Diagnostic imaging was not included. Per 12/18/14 progress note patient is advised to remain off work permanently. The MTUS, ACOEM and ODG guidelines do not discuss weight loss foods specifically. However, Aetna Weight Reduction Medications and Programs Number: 0039- states, "Weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria including: BMI greater than or equal to 30, Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, and Type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met." Review of the records provided show that this patient does meet criteria for specialized weight loss foods, owing to hypertension and recent chest pain secondary to ventricular hypertrophy. However, progress note dated 12/18/14 only states: "Patient wants to lose weight and is trying but weight is staying the same". This statement does not demonstrate that the patient has failed medically supervised weight loss, it is also unclear the duration of attempts to lose weight and the nature of the weight loss regimen - whether through diet, exercise, etc. Furthermore, there are no peer reviewed studies available which establish the efficacy of this particular proprietary weight loss blend. Therefore, the request IS NOT medically necessary.