
Notice of Independent Medical Review Determination

Dated: 10/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	3/17/2001
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002328

- 1) MAXIMUS Federal Services, Inc. has determined the request for Sentra AM #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Theramine #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for unknown lab tests **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Sentra AM #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Sentra PM #60 **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for Theramine #90 **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for unknown lab tests **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

Clinical Rationale

The patient is a 48 year old female with a date of injury of 3/17/2001. Under consideration is the prospective request for 1 prescription of Prilosec 20mg #30, 1 prescription of Sentra AM #60, 1 prescription of Sentra PM #60, 1 prescription of Theramine #90, and Unknown lab tests from 6/11/2013.

Review of submitted documentation revealed the patient is under treatment for various locations of pain

in the upper and lower extremities as well as neck and low back. During the most recent visit on 6/11/13, the patient described no changes in her fibromyalgia and chronic pain syndrome, noting worsening and achy neck pain rated 4/10, upper back pain rated 4/10, bilateral shoulder pain rated 7-8/10, and right elbow pain rated 8/10. She also described worsening low back pain rated 4/10, bilateral knee pain rated 4-5/10, bilateral ankle pain rated 4-5/10, and bilateral feet pain rated 4-5/10, described as sharp, burning, and achy. Other symptoms include headaches about 3-4 times/week, abdominal pain, acid reflux, heartburn, diarrhea, diabetes mellitus, weakness in arms and legs, right hand weakness since 2000, depression, stress, anxiety, and insomnia. Upon examination, the head, eye, ears, nose, throat, neck, chest, cardiovascular, abdomen, extremities, peripheral vascular, skin, and neurologic exams were all normal. There was no pain or restrictions of movement of the spine. Manual tender point survey found pain located at the occiput, low cervical trapezius, supraspinatus, second rib, lateral epicondyle, gluteal, greater trochanter, and knee. Current diagnoses were fibromyalgia with chronic pain syndrome, right shoulder sprain/strain, and pain in bilateral elbows, knees, and heels. The progress report stated that lab tests were performed during visit, and Dr. [REDACTED] prescribed Prilosec #30 20 mg, LFGA topical analgesic therapy cream, Sentra AM #60 one bottle, Sentra PM #60 one bottle, and Theramine #90 one bottle.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/5/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Sentra AM #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Medical Food section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/17/2001 and presents with chronic myofascial pain syndrome, chronic pain syndrome, right shoulder pain, right elbow pain and bilateral carpal tunnel syndrome. The employee has been treated with analgesic medications, unspecified amounts of physical therapy and psychotropic medications. A recent progress report dated 6/11/2013 noted symptoms including shoulder, back, neck, knee and elbow pain, rated 4 to 8 of 10. The

employee was noted to have co-morbid anxiety, stress, and insomnia. Cranial nerve testing was normal with diffuse tenderness to touch. The provider has recommended various topical compounds and medical foods. A request was submitted for Sentra AM #60.

The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted and reviewed do not include evidence that the employee's chronic multifocal pain syndrome has any distinctive nutritional requirements. The request for Sentra AM #60 **is not medically necessary and appropriate.**

2) Regarding the request for Sentra PM #60:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Medical Food section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/17/2001 and presents with chronic myofascial pain syndrome, chronic pain syndrome, right shoulder pain, right elbow pain and bilateral carpal tunnel syndrome. The employee has been treated with analgesic medications, unspecified amounts of physical therapy and psychotropic medications. A recent progress report dated 6/11/2013 noted symptoms including shoulder, back, neck, knee and elbow pain, rated 4 to 8 of 10. The employee was noted to have co-morbid anxiety, stress, and insomnia. Cranial nerve testing was normal with diffuse tenderness to touch. The provider has recommended various topical compounds and medical foods. A request was submitted for Sentra PM #60.

The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted and reviewed do not include evidence that the employee's chronic multifocal pain syndrome has any distinctive nutritional requirements. The request for Sentra PM #60 is not medically necessary and appropriate.

3) Regarding the request for Theramine #90:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter, Theramine section and Medical Food section, which is a

medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/17/2001 and presents with chronic myofascial pain syndrome, chronic pain syndrome, right shoulder pain, right elbow pain and bilateral carpal tunnel syndrome. The employee has been treated with analgesic medications, unspecified amounts of physical therapy and psychotropic medications. A recent progress report dated 6/11/2013 noted symptoms including shoulder, back, neck, knee and elbow pain, rated 4 to 8 of 10. The employee was noted to have co-morbid anxiety, stress, and insomnia. Cranial nerve testing was normal with diffuse tenderness to touch. The provider has recommended various topical compounds and medical foods. A request was submitted for Theramine #90.

The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted and reviewed do not include evidence that the employee's chronic multifocal pain syndrome has any distinctive nutritional requirements. The request for Theramine #90 **is not medically necessary and appropriate.**

4) Regarding the request for unknown lab tests:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, (2009), page 70, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee was injured on 3/17/2001 and presents with chronic myofascial pain syndrome, chronic pain syndrome, right shoulder pain, right elbow pain and bilateral carpal tunnel syndrome. The employee has been treated with analgesic medications, unspecified amounts of physical therapy and psychotropic medications. A recent progress report dated 6/11/2013 noted symptoms including shoulder, back, neck, knee and elbow pain, rated 4 to 8 of 10. The employee was noted to have co-morbid anxiety, stress, and insomnia. Cranial nerve testing was normal with diffuse tenderness to touch. The provider has recommended various topical compounds and medical foods. A request was submitted for unknown lab tests.

The MTUS Chronic Pain Medical Treatment Guidelines recommend usage of laboratory monitoring in patients using NSAIDs, including liver and renal function

tests. However, the documentation does not state what prescription medications the employee is taking that would require laboratory testing. In addition, the names of the requested tests have not been provided. The request for unknown lab tests **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

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