

<b>Case Number:</b>	CM13-0018827		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, and is licensed to practice in 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 Physician 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 44 year old male who reported an injury on 03/05/2009 with a mechanism of injury not provided in the medical records for review. The clinical note dated 04/12/2013 indicated the injured worker reported a 70 percent of reduction in pain status post left sacroiliac joint injection on January 31, 2013. The injured worker reported that he had reduced his medication intake to only two tablets of oxycodone every 8-10 hours and occasionally on 2 tablets a day. The injured worker takes Naprosyn 500mg twice a day as needed. On examination, it had been noted that the injured worker had minimal pain over the left sacroiliac joint. FABER maneuver was negative on the left and the Pelvic compression was negative. Treatment plan noted the injured worker to continue independent exercise. No surgical history, conservative care, diagnostic testing were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE THERAMINE 450MG #90 TIMES THREE (3) FOR DOS 3/19/09:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines REVISED CHRONIC PAIN SECTION, COMPLIMENTARY OR ALTERNATIVE TREATME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM

**Decision rationale:** The request for retrospective Theramine 450 mg # 90 times 3 for date of service of 03/19/2009 is non-certified. Drugs.com states that Theramine is a Food and Drug Administration regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain, that theramine promotes the production of the neurotransmitters that help manage and improve the sensory response to pain and inflammation. Theramine is available by prescription only. The documentation provided did not include documentation from 2009, the indication for the prescription, and the duration of the medication or efficacy of the medication. Therefore, the request for retrospective theramine 450 mg, #90 times three (3) for DOS 3/19/09 is non-certified.

**RETROSPECTIVE SENTRA PM 450MG #60 FOR DOS 3/19/09:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WEB-BASED EDITION, REVISED CHRONIC PAIN SECTION, COMPLIMENTARY OR.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE CENTER FOR FOOD SAFETY AND NUTRITION, UNITED STATES FOOD AND DRUG ADMINISTRATION (FDA)

**Decision rationale:** The request for Sentra PM 450 mg # 60 for date of service 03/19/2009 is non-certified. According to the Federal Center for Food Safety and Nutrition, Sentra PM is a medical food that must be used under the active or ongoing supervision of a physician. Medical foods are developed to address the different or altered physiologic requirements that may exist for individuals who have distinctive nutritional needs arising from metabolic disorders, chronic diseases, injuries, premature birth, and other medical conditions, as well as from drug therapies. Patients with depression-related sleep disorders benefit from increased availability of these neurotransmitters to re-establish homeostasis. Sentra PM is designed to provide a balance of neurotransmitters with well-defined roles in sleep parameters sensitive to circadian rhythm. The documentation provided did not include documentation from 2009, for the indications of need for the Sentra pm, causative factors or duration of the medication or efficacy of the medication. Therefore, the request for retrospective Sentra PM 450 mg # 60 for date of service 03/19/2009 is non-certified.