

Case Number:	CM13-0021259		
Date Assigned:	10/11/2013	Date of Injury:	03/26/2004
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 records indicate that this claimant has a history of neck and bilateral upper extremity symptoms. The claimant underwent a previous cervical spine fusion from C5-C7 which an MRI study from July 2012 suggested was fused. The claimant also had some degenerative changes at other levels with a four millimeter protrusion at C3-4. The claimant was reported to have some cord compression but there was no indication of cord signal changes or symptoms or examination findings of cervical myelopathy. The electrodiagnostic studies for the claimant performed May 8, 2012 suggested cubital tunnel syndrome and either right C6 radiculopathy, radial nerve neuropathy, or brachial plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaboxetin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The use of Gaboxetin cannot be recommended as medically necessary. Gaboxetin is a selective serotonin reuptake inhibitor used to treat depression, obsessive

compulsive disorder, panic attacks and in certain instances eating disorders or premenstrual syndrome. It may also be used for excessive compulsive disorder or panic disorder. The records provided do not suggest that the claimant has these diagnoses and the rationale for the medication is unclear. Guidelines indicate that further study with respect to the use of this type of medication in the treatment of pain is needed. It does not appear that this medication is indicated for neuropathic pain.

Sentra AM, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

Decision rationale: The use of Sentra AM or PM cannot be recommended as medically necessary. These medications are often prescribed for specific diagnoses of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome and neurotoxicity induced fatigue syndrome. The CA MTUS Guidelines specifically suggest that Sentra PM is intended for use in management of sleep disorders associated with depression. The records provided do not indicate the claimant carries these diagnoses and the rationale for the prescription is unclear.

Theramine, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The use of Theramine cannot be recommended as medically necessary. The CA MTUS Guidelines do not address Theramine prescription but typical evidence based guidelines such as Official Disability Guidelines indicate that Theramine is not recommended. Theramine is noted as a "medical food" that is reportedly intended to manage varied pain syndromes. The guidelines suggest "there is no high quality peer reviewed literature that suggests GABA, a component of Theramine, is indicated." In addition, the guidelines suggest that there is no known medical need for Choline supplementation. Finally, the guidelines indicate that Theramine is not recommended until there are higher quality studies of the ingredients. In looking to CA MTUS guidelines they state that "The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. If the physician prescribes a medication for an indication not in the approved FDA labeling, he or she has the responsibility to be well informed about the medication and that its use is scientific and evidence-based" and in that the medication requested is not supported in the peer reviewed literature, it cannot be recommended as medically necessary.