

Case Number:	CM13-0025136		
Date Assigned:	12/18/2013	Date of Injury:	11/22/1998
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal 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 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. 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:

This patient is a 45 year old male, date of injury 11-22-98. Mechanism of injury was described in a 01-18-13 report by [REDACTED] (Page 2) - patient "stepped on some piping on the ground and rolled his left ankle." PR-2 progress report by [REDACTED] dated 08-28-12 documented subjective complaints including lower back, right elbow, left foot, left hand, right hand, right knee, right shoulder pain. Objective findings include positive straight leg raise test, bilateral elbow tenderness, right knee restricted range of motion and tenderness. Diagnoses were Reflex Sympathetic Dystrophy (RSD) lower limb, ulnar nerve lesion. Treatment plan included functional restoration program. PR-2 by [REDACTED] dated 09-25-12 documents subjective complaints including lumbar backache, pain from back into bilateral lower extremities. Objective findings include lumbar tenderness and spasm, shoulder tenderness and limited range of motion. Diagnoses were Reflex Sympathetic Dystrophy (RSD) and Depression. Treatment plan included Psychologist referral and Cymbalta. PR-2 by [REDACTED] dated 08-01-13 documents diagnosis Reflex Sympathetic Dystrophy (RSD) and Depression. Treatment plan included Cyclobenzaprine+Gabapentin cream, Ambien, Trazodone. Utilization review letter from [REDACTED] 09-09-13 documented the determination to Not Certify the request for Theramine, Sentra AM, and Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: MTUS does not specifically address medical foods such as Theramine. Official Disability Guidelines (ODG) states that Theramine is Not recommended. Therefore the request for Theramine is Not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sentra

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sentra AM.

Decision rationale: The Physician Reviewer's decision rationale: MTUS does not specifically address medical foods such as Sentra AM. Based on Official Disability Guidelines (ODG), Sentra AM is not indicated in this case. Therefore the request for Sentra AM is Not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sentra

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS does not specifically address medical foods such as Sentra PM. Based on Official Disability Guidelines (ODG), Sentra PM is not indicated in this case. Therefore the request for Sentra PM is Not medically necessary.