

<b>Case Number:</b>	CM13-0026079		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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 patient is a 67 year old female with a work-related date of injury 01/12/2006. The patient was treated with conservative care, surgeries and meds. Evaluation by the PTP 06/21/2013 the patients subjective complaints are continued total body pain; chronic fatigue; problem sleeping; morning gel phenomenon 15 minutes; no new joint swelling; low back pain; left knee pain; left hip pain; however reports feeling better since last f/u visist had a reaction Zyrtec so stopped taking it. Objective findings were right elbow tenderness, 12+ trigger point tenderness. Diagnosis listed Myalgia and myositis. Plan was continue sentraflox; start theratramadol; stop ultracet; tramadol topical for elbow unchanged from 04/30/2013 plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentraflox AM 10 (Sentra AM & FI), #180: 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 Official Disability Guidelines (ODG)

**Decision rationale:** This treatment is NOT medically necessary. The physician did not give any specific indication for dietary supplements. CA MTUS does not discuss medical foods. ODG

states Sentra PM is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. " The ODG do not recommend choline and other components of Sentra. Therefore the treatment is not medically necessary.

**Thertramadol 90, #300 (Theramine-90): 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 Official Disability Guidelines (ODG)

**Decision rationale:** This treatment is NOT medically necessary. The physician did not give any specific indication for dietary supplements. CA MTUS does not discuss medical foods. ODG states "Not recommended. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." In this manufacturer study comparing Theramine to naproxen, Theramine appeared to be effective in relieving back pain without causing any significant side effects. (Shell, 2012) Until there are higher quality studies of the ingredients in Theramine, it remains not recommended." Therefore, this treatment is NOT recommended.