MAXIMUS Federal Services

Case Number:	CM13-0033809		
Date Assigned:	12/06/2013	Date of Injury:	03/07/1995
Decision Date:	04/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 7, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long and short-acting opioids; sleep aids; psychotropic medications; anxiolytic medications; and muscle relaxants. In a Utilization Review Report of September 30, 2013, the claims administrator denied a request for Theramine and Sentra, dietary supplements/alternative treatments. The applicant's attorney subsequently appealed. In a November 4, 2013 progress note, the applicant is described as having ongoing issues with pain, anxiety, and depression. She has a global assessment of functioning (GAF) of 50; it is suggested, based on issues with major depressive disorder (MDD) and chronic pain syndrome. Authorization for a functional restoration program is sought. On November 4, 2013, the applicant is described as using Soma, marijuana, Valium, Motrin, Norco, OxyContin, Phenergan, Senna, and Colace. On November 5, 2013, the applicant was also described as using a variety of analgesic medications, adjuvant medications, and dietary supplements, including Theramine and Sentra. The applicant apparently had a urine drug test which was positive for marijuana. The applicant's body mass index (BMI) is 35.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE 1 TID OR 2 TID OR 3 TID X 3 DAILY PRN FOR 30 DAYS QTY: 270:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: PAIN, THERAMINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, THIRD EDITION, CHRONIC PAIN CHAPTER, ALTERNATIVE TREATMENTS SECTION.

Decision rationale: The Third Edition of the ACOEM Guidelines indicate that dietary supplements and alternative treatments such as Theramine are "not recommended" in the treatment of chronic pain, as they have no proven efficacy and no proven evidence of favorable outcomes in terms of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary to support usage of Theramine, a dietary supplement, in the management of the applicant's ongoing issues with chronic pain. Therefore, the request remains not certified, on Independent Medical Review.

SENTRA PM 1 QPM OR 2 QPM 4 TAB EVERY NIGHT PRN FOR 30 DAYS QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: PAIN, SENTRA PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, THIRD EDITION, CHRONIC PAIN CHAPTER, ALTERNATIVE TREATMENTS SECTION.

Decision rationale: The Third Edition of the ACOEM Guidelines indicate that complementary treatments, alternative treatments, or dietary supplements such as Sentra are "not recommended" for the treatment of chronic pain, as they have not been shown to produce any meaningful benefits or improvements in functional outcomes. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request remains not certified, on Independent Medical Review.