

Case Number:	CM13-0036315		
Date Assigned:	12/13/2013	Date of Injury:	10/24/1994
Decision Date:	02/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 52 year old female with a date of injury of October 24, 1994. She has been diagnosed with fibromyalgia with global pain, hypertension, overweight, lumbar sprain/strain, left foot plantar fasciitis, and bilateral foot sprain/strain. In 2011 she attended aquatic therapy sessions with good effect. In late 2012/early 2013 she received about six weeks chiropractic treatments that improved her mobility and pain, but her stiffness and pain returned thereafter. The date of UR decision was October 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Apptrim-D, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

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

Decision rationale: The California MTUS is silent on the topic of medical food. Apptrim is a medical food formulated to meet the nutritional requirements of obese patients and to be used for specific dietary management of obesity. Apptrim provides the amino acids that are precursors to

the neurotransmitters that control appetite. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker's overweight status has any distinctive nutritional requirements. The request is not medically necessary.

retrospective request for Sentra AM, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

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

Decision rationale: The California MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about medical foods: medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker's fibromyalgia has any distinctive nutritional requirements. The request is not medically necessary.

retrospective request for Sentra PM, #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 (ODG) Pain, Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

Decision rationale: The California MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about Sentra PM: "Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression, which is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker's fibromyalgia has any distinctive nutritional requirements. The request is not medically necessary.

retrospective request for Theramine, #60, dispensed on September 13, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

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

Decision rationale: The California MTUS is silent on the topic of medical food. With regard to the treatment of chronic pain, the ODG guideline says this about theramine: "Not recommended. Theramine® is a medical food from [REDACTED], 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. There is no high quality peer-reviewed literature that suggests that Gamma-aminobutyric acid (GABA) is indicated. There is no known medical need for choline supplementation. L-arginine is not indicated in current references for pain or inflammation. There is no indication for the use of L-Serine. Theramine is not recommended by the ODG and thus this retrospective request is not medically necessary.