

<b>Case Number:</b>	CM13-0038971		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 44-year-old female who reported an injury on 06/15/2012. The mechanism of injury was noted to be stress and overload due to deadlines and high demands at work. Her diagnoses include adjustment disorder with depressive and anxiety features; insomnia; psychological factors affecting medical condition; stress intensified headache; neck, shoulder, and back muscle tension; general pain; shortness of breath; and abdominal pain and cramping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** The Official Disability Guidelines state that Theramine is a medical food that is a proprietary blend of gamma amino butyric acid, and choline bitartrate, Left-arginine, and L-serine. It is intended for use in the management of pain syndrome that includes acute

pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. However, until there are higher quality studies of the ingredients in Theramine, it is not recommended by Official Disability Guidelines. Therefore, the request is non-certified.

**Sentra AM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

**Decision rationale:** Sentra AM is noted to include L-glutamic acid, choline bitartrate, L-acetyl carnitine, and hawthorn berry. The Official Disability Guidelines state that glutamic acid is used for patients with impaired intestinal permeability, short bowel syndrome, cancer, and other critical illnesses. The guidelines also state there is no known medical need for choline supplementation except for in cases of long-term parenteral nutrition or for patients with choline deficiency secondary to liver deficiency. As Sentra AM is noted to include choline and glutamic acid, and these medical foods are not generally recommended by the Official Disability Guidelines, the request is not supported.

**Gabazolpidem:** Upheld

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

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

**Decision rationale:** Gabazolpidem is noted to be zolpidem tartrate choline. According to the Official Disability Guidelines, zolpidem is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term treatment of insomnia. The guidelines also state that choline is not recommended except in cases of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. As zolpidem is not recommended for long-term use and choline is not recommended except in choline deficiency, the request is not supported. Therefore, the request is non-certified.

**Gaboxetine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, SSRIs (selective serotonin reuptake inhibitors) & Medical food

**Decision rationale:** Gaboxetine is noted to include Fluoxetine and choline. Fluoxetine is an SSRI antidepressant which the Official Disability Guidelines state is not recommended as a treatment for chronic pain, but some SSRIs have a role in treating secondary depression; however, the guidelines also state that choline is not recommended except in cases of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. As Fluoxetine is not recommended in the treatment of chronic pain, and choline is not recommended by the Official Disability Guidelines, the request is not supported. Therefore, the request is non-certified.