

Case Number:	CM13-0040528		
Date Assigned:	12/20/2013	Date of Injury:	04/21/2009
Decision Date:	03/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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.

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 was injured on 04/21/2009. Mechanism of injury is reported as the patient having an industrially-induced fibromyalgia syndrome. The patient was treated with medications, acupuncture, aquatic therapy, physical therapy, and chiropractic treatment. It was reported that aqua therapy had been helpful. The patient reported she was feeling better with Naproxen. Urine toxicology was done on 09/19/2013. A clinic note dated 09/09/2013 by [REDACTED] indicates the patient's subjective complaints were continued total body pain, chronic fatigue, problem sleeping, morning gel phenomenon - minutes, no new joint swelling. Pain persists, not as bad as before, works f/t modified duty. Objective findings showed supple muscles and no tenderness to palpation, no new joint swelling, normal neurological examination and no Rheumatoid arthritis deformities. Treatment plan includes continuation of Tramadol ER, Flurbiprofen topical, Trepadone, and Sentra am for FMS. Note: original dates of prescriptions were not supplied but continuation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #120 for DOS: 9/20/13: 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).

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), Medical Food.

Decision rationale: CA MTUS guidelines do not have appropriateness of this medication and hence ODG have been sought. As per ODG, Sentra AM is a medical food intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The glutamate is effective for treatment of hypochlohydria and achlorhydria. The 5-hydroxytryptophan is effective in treatment of anxiety disorders, fibromyalgia, obesity, sleep disorders, and depression. However, the use of choline is not recommended except for long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There has been inconclusive evidence regarding the safety and efficacy of this ingredient. The request is non-certified since if one of the ingredients of any compound is not recommended, the entire compound is not recommended.

Trepadone #180 for DOS: 9/20/13: 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).

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), Medical Food.

Decision rationale: CA MTUS guidelines do not have appropriateness of this medication and hence ODG have been sought. As per ODG, Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. This product lacks safety and effectiveness of some of the ingredients. The request is non-certified since if one of the ingredients of any compound is not recommended, the entire compound is not recommended.

Therabenzaprine 90 #300 for DOS: 9/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available). Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Medical Food.

Decision rationale: Cyclobenzaprine is recommended for short term use, up to 3 weeks, for muscle spasms. It appears the patient is using this medication chronically which is not recommended according to the guidelines. Additionally, therabenzaprine has multiple

compounds in it, some of which have poor data to support its usage. Given the above
therabenzaprine is not approved.