

Case Number:	CM13-0042166		
Date Assigned:	12/27/2013	Date of Injury:	10/15/1998
Decision Date:	04/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with a date of injury of 10/15/1998. The listed diagnoses per [REDACTED] are: 1) chronic neck pain; 2) left radiculopathy. According to report dated 09/04/2013 by [REDACTED], the patient presents with left-sided neck pain which is rated 7/10 on the pain scale. The patient also complains of numbness at the left arm, thumb, and index finger. Physical examination revealed bilateral rotation and bilateral lateral bending at 15 degrees. Treater is requesting Terocin lotion, Theramine, Synovacin, and Sentra PM. The patient is also taking Norco and Ambien 10mg.

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 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 The Official Disability Guidelines (ODG), Theramine Section.

Decision rationale: This patient presents with left-sided neck pain which is rated 7/10 on the pain scale. The treating physician is requesting Theramine, a medical food. The MTUS and ACOEM guidelines are silent with regards to this product. However, the Official Disability Guidelines (ODG) state that Theramine is a proprietary medication of ██████████ Therapeutics based in Los Angeles, CA. Its intended use is in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. ODG further states for each ingredient, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for Choline supplementation"; L-Arginine, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, "There is no indication for the use of this product." It does not appear that there are any guidelines to support this product in the management of chronic pain. Therefore, recommendation is for denial.

SENTRA PM: 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), Sentra PM Section.

Decision rationale: This patient presents with left-sided neck pain which is rated 7/10 on the pain scale. The treating physician is requesting Sentra PM, a medical food. The Official Disability Guidelines (ODG) guidelines states that, "Sentra PM is a medical food from ██████████ 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." ODG further states that for each ingredient: for Choline, "There is no known medical need for Choline supplementation"; for Glutamic Acid, "This supplement is used for treatment of hypochlorhydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." for 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." MTUS also states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Choline, an ingredient in Sentra PM is not supported by ODG guidelines. Furthermore, this patient does not present with any of the conditions in which this medication is intended for. Recommendation if for denial.

SYNOVACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 50.

Decision rationale: This patient presents with left-sided neck pain which is rated 7/10 on the pain scale. The treating physician is requesting Synovacin. For Glucosamine, the MTUS guidelines p50 has the following, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride." In this case, as medical records do not document any arthritic condition. The patient has diagnoses of neck pain and radiculopathy. Reports dating prior to 06/11/2013 to discuss adhesive capsulitis; however, no mention of arthritis. Recommendation is for denial.

TEROCIN LOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section. Page(s): 111.

Decision rationale: This patient presents with left-sided neck pain which is rated 7/10 on the pain scale. The treating physician is requesting Terocin pain relief lotion. Terocin lotion contains Salicylate, Capsaicin and Lidocaine. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states "any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Furthermore, topical NSAIDs, salicylate in this case, is only recommended for peripheral joint arthritis and tendinitis pain. This patient does not present with such diagnosis and suffers from chronic back pain. Recommendation is for denial.