

<b>Case Number:</b>	CM13-0048768		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 52-year-old female who reported an injury on 04/22/2009. The mechanism of injury was not stated. The patient is diagnosed with right ulnar neuropathy/cubital tunnel syndrome, lumbar disc displacement without myelopathy, cervicobrachial syndrome, sacroilitis, post-traumatic anxiety, post-traumatic insomnia, thoracic muscle spasm, and left trochanteric bursitis. The patient was seen by [REDACTED] on 08/23/2013. The patient reported persistent pain over multiple areas of the body. The patient also reported ongoing anxiety and insomnia. Physical examination on that date revealed tenderness to palpation of the cervical spine, hypertonicity, decreased range of motion of the cervical spine and lumbar spine, positive ulnar Tinel's testing, positive straight leg raise, positive Braggard's testing, and positive Kemp's testing. Treatment recommendations at that time included continuation of current medications, including naproxen, Zanaflex, Ultram, Norco, Theramine, and Sentra PM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM #60:** 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) Chronic Pain Chapter, Sentra PM.

**Decision rationale:** The Official Disability Guidelines state that Sentra PM 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. As per the documentation submitted, the patient does report persistent insomnia. However, there is no evidence of objective improvement following the ongoing use of this medication. There is also no evidence of a sleep disorder that is associated with depression. Based on the clinical information received and Official Disability Guidelines, the requested Sentra PM is not medically necessary or appropriate at this time.

**THERAMINE #90:** 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) Chronic Pain Chapter, Theramine.

**Decision rationale:** The Official Disability Guidelines state that Theramine is not recommended for use. Theramine is intended for use in the management of pain syndromes. There is no documentation of objective improvement, despite the ongoing use of this medication. Therefore, the requested Theramine is not medically necessary or appropriate.