

Case Number:	CM13-0048912		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2010
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 & 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 54 year old female with a date of injury of 09/13/2010. According to report dated 10/11/2013 by [REDACTED], the patient presents with complaints of neck pain, right knee pain and headaches. She states she only takes Nucynta in the evenings when she will not be driving. She does report about 40-50% pain relief with the medication. The patient's pain score is 7/10 and averaged 8/10 over the preceding week. Without medications patient's pain score is 7/10 and with medications is it 5/10. The patient's medication include of Nucynta 75mg, Anaprox 550mg, Cidaflex 2po, Medrox Patch, Colace, Sintralyne PM, Pamelor, Topamax and Lipitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SINTRALYNE 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, as well as an article on www.pnarx.com by Pharmaceutica North America, Inc.

Decision rationale: This patient presents with complaints of neck pain, right knee pain and headaches. The treating physician is requesting a refill of Sintralyn[®] PM. The ACOEM, MTUS and ODG guidelines do not discuss Sintralyn[®] PM. However, an article on www.pnarx.com by [REDACTED] reports that Sintralyn[®] PM is a supplement including Melatonin, GABA and a proprietary blend of natural herbs and amino acids that aids patients in falling asleep. The article further states, it is used to treat insomnia, poor sleep quality and problems staying asleep. Although none of the guidelines specifically discuss this supplement, ODG does discuss one of the key ingredients in the supplement under the pain chapter. Under the discussion of medical foods, ODG guidelines state that Gamma-aminobutyric acid (GABA) is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. In this case, a key ingredient in this supplement is not supported by ODG for the treatment of insomnia. In addition, GABA is indicated for epilepsy, spasticity and tardive dyskinesia, none of which this patient is being treated for. The requested Sintralyn[®] PM is not medically necessary and recommendation is for denial.