MAXIMUS Federal Services

Case Number:	CM13-0049579		
Date Assigned:	12/27/2013	Date of Injury:	10/07/1996
Decision Date:	06/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 50-year-old male with a date of injury of 10/07/1996. According to report dated 09/12/2013 by [redacted], the patient presents with back pain and complaints of sleep. The patient is complaining of worsening quality of sleep and he wakes up 3 to 4 times a night. The patient continues to have gastroesophageal reflux which is controlled with medication. The patient also has blood pressure measured at home of 125/90 mmHg. Examination revealed clear lungs to auscultation with no wheezes or rales, no dullness of percussion. Fundus was unavailable to visualize. Regular rate and rhythm of S1 and S2. No rubs or gallops appreciated. Soft abdomen with normal active sounds. Range of motion was deferred to the appropriate specialist. The patient has a history of hypertension, gastroesophageal reflux disease, antral gastritis, and sleep disorder. The request is for ASA EC 81 mg with 2 refills, Lipitor 40 mg, Sentra AM, Sentra PM, and Theramine #90 with 2 refills. Utilization review is dated 10/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ASA EC 81 MG, #30 WITH 2 REFILLS: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The treater is requesting a prescription of Aspirin EC 81 mg #30 with 2 refills. For anti-inflammatory medications, the MTUS Guidelines page 22 states that anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. However, baby ASA are used for cardiac issues and the treating physician appears to be monitoring this patient's hypertension as well as cardiac issues. Therefore, the request is medically necessary.

LIPTOR 40 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ."Treatment of dyslipidemia", from the Finnish Medical Society.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: Lipitor (atorvastatin) belongs to a group of drugs called HMG CoA reductase inhibitors, or statins and used to treat high cholesterol. MTUS guidelines page 8 require that the treating physician provide monitoring and make appropriate treatment recommendations. In this case, the treating physician is monitoring the patient's hypertension and recommends that the patient continue with Lipitor. The request is medically necessary.

SENTRA AM, #60 WITH 2 REFILLS: 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 Chapter, Medical Food.

Decision rationale: Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, and neurotoxicity-induced fatigue syndrome. Sentra AM is a patented blend of neurotransmitter and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-Lcarnitine, glutamate, and cocoa powder). The MTUS and ACOEM guidelines are silent when it come to this product. ODG on medical food states that for Choline, there is no known medical need for choline supplementation. In this case, choline, an ingredient in Sentra, is not supported by ODG guidelines.

SENTRA PM, #60 WITH 2 REFILLS: 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 Chapter, Medical Food.

Decision rationale: The ODG guidelines states that, Sentra PMâ¿¢ is a medical food from [redacted], 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 there is no known medical need for choline supplementation; and that glutamic acid is used for treatment of hypochlohydria 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. 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.

THERAMINE, #90 WITH 2 REFILLS: 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 Chapter, Medical Food.

Decision rationale: The ACOEM and MTUS guidelines do not discuss theramine, a medical food. ODG guidelines state that Theramine is not recommended. TheramineÂ® is a medical food from [redacted] that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Theramine is not supported by ODG, and is, therefore, not medically necessary.