

Case Number:	CM13-0049871		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2011
Decision Date:	04/25/2014	UR Denial Date:	10/10/2013
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 Preventative 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 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 35-year-old male with a 10/4/11 date of injury. Subjective complaints include depression and anxiety having slightly improved with medications, and objective findings include blunted affect, evident fatigue, pain, and poor concentration/memory; Beck Depression Inventory of 47; and Beck Modified Anxiety Inventory of 25. Current diagnoses include adjustment disorder due to chronic pain with mixed anxiety and depressed mood, and treatment to date has been physical therapy and medications, including Fluoxetine, Gabadone, Sentra AM, Sentra PM, and Theramine since at least 6/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 FLUOXETINE 10MG: 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 Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The MTUS identify that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. Furthermore, there is documentation of ongoing treatment with Fluoxetine since at least 6/11/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Fluoxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine is not medically necessary.

30 FLUOXETINE 20MG: 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 Page(s): 107.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The MTUS identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. Furthermore, there is documentation of ongoing treatment with Fluoxetine since at least 6/11/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Fluoxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine is not medically necessary.

60 GABADONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and ptlcentral.com/medical-foods-products.php

Decision rationale: An online source identifies GABAdone as a medical food consisting of a proprietary formulation of amino acids and polyphenol ingredients for the nutritional

management of the altered metabolic processes of sleep disorders associated with anxiety. The MTUS does not address the issue, but it does identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that a medical food may be recommended with if the product must be a food for oral or tube feeding, if it is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and if it is to be used under medical supervision. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. In addition, there is documentation of ongoing treatment with GABAdone. However, there is no documentation of sleep disorders associated with anxiety. In addition, there is no documentation identifying that the product is a food for oral or tube feeding, that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and that it is to be used under medical supervision. Furthermore, there is no documentation of functional benefit or improvement as a result of GABAdone. Therefore, based on guidelines and a review of the evidence, the request for GABAdone is not medically necessary.

60 SENTRA AM: 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, and ptlcentral.com/medical-foods-products.php

Decision rationale: An online source identifies Sentra AM as a medical food consisting of a proprietary formulation of amino acids and polyphenol ingredients for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. The MTUS does not address the issue, but it does identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that a medical food may be recommended with if the product must be a food for oral or tube feeding, if it is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and if it is to be used under medical supervision. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. In addition, there is documentation of ongoing treatment with Sentra AM. However, there is no documentation of fatigue and cognitive disorders. In addition, there is no documentation identifying that the product is a food for oral or tube feeding, that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and that it is to be used under medical supervision. Furthermore, there is no documentation of functional benefit or improvement as a result of Sentra AM use. Therefore, based on guidelines and a review of the evidence, the request for Sentra AM is not medically necessary.

60 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, and ptlcentral.com/medical-foods-products.php

Decision rationale: An online source identifies Sentra PM as a medical food consisting of a proprietary formulation of amino acids and polyphenol ingredients for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. The MTUS does not address the issue, but it does identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that a medical food may be recommended with if the product must be a food for oral or tube feeding, if it is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and if it is to be used under medical supervision. Within the medical information available for review, there is documentation of diagnoses of adjustment disorder due to chronic pain with mixed anxiety and depressed mood. In addition, there is documentation of ongoing treatment with Sentra PM. However, there is no documentation of fatigue and cognitive disorders. In addition, there is no documentation identifying that the product is a food for oral or tube feeding, that is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and that it is to be used under medical supervision. Furthermore, there is no documentation of functional benefit or improvement as a result of Sentra PM use. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM is not medically necessary.

90 THERAMINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS does not address the issue. The Official Disability Guidelines state that Theramine is a medical food, and that it is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine is not medically necessary.