

Case Number:	CM13-0050738		
Date Assigned:	12/27/2013	Date of Injury:	04/16/1999
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 57-year-old male who reported a work-related injury on 04/16/1999 after he was hit on the head by a forklift. Prior treatments include medications and home exercise. The patient's diagnoses include cervical spondylosis, failed back syndrome, lumbosacral spondylosis without myelopathy, adhesive capsulitis of shoulder, joint pain of shoulder, and knee/lower leg degenerative joint disease. The patient's medications include hydrocodone 10/325 mg 3 times a day as needed, trazodone 50 mg once a day as needed, Sentra PM 1 or 2 every night as needed, and Terocin patches 2 to 3 times per day as needed. Request has been made for Sentra PM #60 and Terocin #2.

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 Official Disability Guidelines (ODG), Pain Chapter, Medical Food Section

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 Section

Decision rationale: Recent clinical documentation stated the patient was dispensed Sentra PM, a medical food product designed to aid in the nutritional management of serotonin and acetylcholine production deficiencies in patients with sleep disorders and depression. Sentra PM is a medical food that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Official Disability Guidelines state that medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. Guidelines further state that choline is a precursor of acetylcholine and there is no medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is no evidence given the patient had a choline deficiency and he was not noted to require parenteral nutrition. Glutamic acid is a supplement used for treatment of impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses; 5-hydroxytryptophan has been linked to a contaminant that causes a condition called eosinophilia-myalgia syndrome.

Terocin; #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation information from www.drugs.com

Decision rationale: Per Drugs.com; Terocin is a topical analgesic containing Capsaicin/lidocaine/menthol/methyl salicylate. California Medical Treatment Guidelines for chronic pain state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines further state capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. California Medical Treatment Guidelines state Lidoderm patch is the approved topical formulation of lidocaine and no other commercially-approved topical formulations of lidocaine are indicated for neuropathic pain. Therefore, the request for Terocin #2 is non-certified.