

Case Number:	CM13-0050981		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2008
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

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 Internal 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 least at 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 58-year-old female who reported an injury on 06/05/2008. The patient is currently diagnosed with pain disorder associated with psychological factors and a general medical condition. The patient was seen by [REDACTED] on 08/01/2013. The patient reported symptoms of depression and anxiety. The patient also reported sleeping 3 hours to 4 hours per night. Mental status examination revealed mild physical discomfort, restlessness and fidgety, and normal and appropriate affect. Treatment recommendations included continuation of current medication, including Sentra AM, Gaboxetine, Sentra PM, Theramine, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaboxetine (Gabadone & Fluoxetine):: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16,107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. As per

the documentation submitted, the patient does maintain a diagnosis of pain disorder associated with psychological factors and a general medical condition. However, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to complain of a depressed mood, sleeplessness, fatigue, poor concentration and memory, anxiety and nervousness, restlessness, irritability, and persistent pain. As the satisfactory response to treatment has not been indicated, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Sentra AM #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

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, Medical Food.

Decision rationale: Sentra AM is a medical food used to manage fatigue and deficiencies associated with memory and concentration. Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally 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, based on recognized scientific principles, are established by medical evaluation. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report depressed mood, sleeplessness, stress, anxiety and nervousness, palpitations, fatigue, and pain. As the satisfactory response to treatment has not been indicated, the request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Sentra PM #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

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, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report sleeplessness. There is no documentation of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. Based on the clinical information received, the request is non-certified

Theramine #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally 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, based on recognized scientific principles, are established by medical evaluation. As per the documentation submitted, the patient was issued a prescription for this medication to treat pain. However, despite ongoing use, the patient continues to report sleeplessness, stress, fatigue, and pain. As the satisfactory response to treatment has not been indicated, the current request is not medically appropriate. Therefore, the request is non-certified.