

Case Number:	CM13-0061885		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2001
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology 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 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:

This is a 52-year-old with Cumulative Trauma claim for multiple body parts to August 2001. The patient has had multiple spinal procedures including lumbar fusion, a spinal cord stimulator and cervical fusion. The patient's diagnosis, per Primary Treating Physicians Progress Report of 08-07-12 is: 1. Status/Post neurostimulator implant. 2. Status/Post lumbar fusion. 3. Lumbar Radiculopathy. 4. Cervicalgia 5. Lumbago. Records reviewed were: [REDACTED]: 07/09/2012 to 11/18/13. The issues at dispute are prescriptions for the medical foods GABAdone, Thermaine, Sentra AM and Sentra PM. All of these medical foods are described by their manufacturer as "A specially formulated prescription only medical food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions." GABAdone is specified by the manufacturer "for the management of the altered metabolic disorders of sleep disorders associated with anxiety". Theramine is specified by the manufacturer "for the dietary management of the altered metabolic processes associated with pain syndromes and inflammatory processes." Sentra AM is described by the manufacturer "for the dietary management of the altered metabolic processes associated with fatigue and cognitive disorders". Sentra PM is described by the manufacturer "for the dietary management of the altered metabolic processes of the sleep disorders associated with depression". Review of the medical records (400 pages) do not reveal any instance where these medical foods were actually ordered. It is likely that they were dispensed in the office at the time of the office visit. Further, the medical records do not document any evidence of specific dietary insufficiencies or altered metabolic processes which would justify the use of these medical foods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabadone #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)

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

Decision rationale: The medical records provided for review do not document GABAdone being ordered, nor is there evidence of a documented dietary insufficiency or altered metabolic process which would justify the use of this medical food. Therefore request not medically necessary.

Sentra AM #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical Food. Sentra AM is not specifically listed in ODG but the Information sheet from the manufacturer states this product is a medical food

Decision rationale: The medical records provided for review do not document Sentra AM as being ordered, nor is there evidence of a documented dietary insufficiency or altered metabolic process which would justify the use of this medical food. Therefore request not medically necessary.

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)

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

Decision rationale: The medical records provided for review do not document Sentra PM being ordered, nor is there evidence of a documented dietary insufficiency or altered metabolic process which would justify the use of this medical food. Therefore request not medically necessary.

Theramine #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 (Chronic) Theramine

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

Decision rationale: The medical records provided for review do not document Theramine as being ordered, nor is there any documented dietary insufficiency or altered metabolic process which would justify the use of this medical food. Therefore request not medically necessary.