

<b>Case Number:</b>	CM13-0066844		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and 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:

This is a 39 year-old female who was injured on 5/13/2010. She has been diagnosed with lower back pain and L4/5 disc herniation with multiple level L5 and S1 lumbar radiculopathy. According to the 11/15/13 PM&R report by [REDACTED], the patient has been doing ok after she discontinued all the pain medications. She was not able to go back to her regular duty work, but has been going to school. [REDACTED] recommends continued weaning and discontinued Wellbutrin, and recommends continued use of Sentra PM, and Theramin and recommends a muscle stimulator for pain and an LSO.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO LUMBAR SUPPORT BRACE:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

**Decision rationale:** The patient has chronic back pain. The physician has requested an LSO lumbar support. MTUS/ACOEM guidelines state: "Lumbar supports have not been shown to

have any lasting benefit beyond the acute phase of symptoms relief" The request for a lumbar LSO/support for a chronic condition is not in accordance with the MTUS/ACOEM guidelines. MTUS/ACOEM does allow for use of the back supports in an occupational setting for prevention, but in this case, the patient has not returned to work, so the lumbar support would not be recommended.

**3 MONTH RENTAL OF AN E STIM UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-121.

**Decision rationale:** The patient presents with lower back pain. I have been asked to review for an incomplete request for a "3 month rental of an E stim unit" There is no description of what type of E-stim unit was requested. MTUS discusses various e-stim units with different criteria. Without knowing what type of E-stim device is requested, I am not able to determine which section of the MTUS guidelines would be applicable. I cannot verify that the unknown e-stim device is in accordance with the MTUS guidelines.

**60 SENTRA PM: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with lower back pain. I have been asked to review for Sentra PM. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to the vendor, Sentra PM is a proprietary blend of neurotransmitter precursors (choline bitartrate, glutamate, and 5-hydroxytryptophan); polyphenolic antioxidants (hawthorn berry, cocoa); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (acetyl-L- carnitine, glutamate, cocoa powder); and an adenosine antagonist (cocoa powder). Sentra PM contains Choline, ODG guidelines for Coline states: "There is no known 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 was no mention of choline deficiency secondary to liver deficiency. The use of Choline would not be recommended for this patient, therefore the whole compounded product Sentra PM is not recommended.

**120 THERAMIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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

**Decision rationale:** The patient presents with lower back pain. I have been asked to review for Theramine. MTUS did not mention Theramine, so ODG guidelines were consulted. ODG guidelines state specifically that Theramine is not recommended. The request is not in accordance with ODG guidelines.