

Case Number:	CM13-0069403		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2009
Decision Date:	03/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 date of work injury is 10/26/2009 and the date of birth for this patient is [REDACTED]. Her diagnoses include: 1. Cervical spine radiculitis. 2. Lumbar spine radiculitis. 3. Internal derangement bilateral shoulders. 4. Internal derangement bilateral shoulders. 5. Anxiety disorder. 6. Sleep disturbance. There are requests for the medical necessity of Gabadone, Trepadone, Sentra A.M., Sentra P.M., and Theramine. An office visit with the primary treating physician on 12/12/13 indicates that the patient presents with a complaint of continued low back pain that radiates into the legs. She has had epidural injections, which have given some relief, but she still has worsening and pain with tightness and dull pain in the low back that she rates at a 10 out of 10. She continues to have neck and bilateral shoulder pain and pain that radiates into both arms and hands. She has pain to the-back of both thighs that radiates into the legs, but not constantly, and she has aching pain, which is constant to both knees. Objective findings on the physical examination on this date reveal that the patient is in mild distress. She has tenderness to the cervical and, lumbar spine paravertebral muscles. She has mild difficulty standing from a sitting position, and she does walk with a guarded gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), pain

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

Decision rationale: Gabadone #60 is not medically necessary per the ODG. The MTUS is silent on this issue. Gabadone is considered a medical food. The ODG states that medical foods are not medically necessary except in those cases in which the patient has a medical disorder, disease, or condition for which there are distinctive nutritional requirements. The documents submitted reveal no evidence that the patient's condition necessitates any particular nutritional requirements. The request for Gabadone #60 is 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), pain

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

Decision rationale: Sentra AM #60 is not medically necessary per the ODG. The MTUS is silent on this issue. Sentra AM is considered a medical food. The ODG states that medical foods are not medically necessary except in those cases in which the patient has a medical disorder, disease, or condition for which there are distinctive nutritional requirements. The documents submitted reveal no evidence that the patient's condition necessitates any particular nutritional requirements. The request for Sentra AM #60 is 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), pain

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

Decision rationale: Sentra PM #60 is not medically necessary per the ODG. The MTUS is silent on this issue. Sentra PM is considered a medical food. The ODG states that medical foods are not medically necessary except in those cases in which the patient has a medical disorder, disease, or condition for which there are distinctive nutritional requirements. The documents submitted reveal no evidence that the patient's condition necessitates any particular nutritional requirements. The request for Sentra PM #60 is 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

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

Decision rationale: The ODG does not recommend Theramine. The MTUS was reviewed but is silent on this issue. Theramine® is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain. There is no high quality peer-reviewed literature that suggests that GABA is indicated. The documentation submitted reveals no clear documentation of why patient would require Theramine and how this would provide any functional benefit.

Treadone #120: 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

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

Decision rationale: Treadone #120 is not medically necessary per ODG guidelines. The MTUS is silent on this issue. Treadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. Documentation submitted does not reveal a clear rationale why the patient necessitates this supplement. The request for Treadone is not medically necessary.