MAXIMUS Federal Services

Case Number:	CM13-0072245		
Date Assigned:	01/08/2014	Date of Injury:	12/29/2010
Decision Date:	04/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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 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:

The patient is a 51-year-old female who was injured on 12/29/2010 while she was lifting dirty linen and heard a crack in her back and was unable to stand up. Prior treatment history has included physical therapy. The medications include: 1. Hypertensa #60 2. Sentra AM #60 3. Sentra PM #50 4. Theramine #60 The diagnostic studies were not submitted for review. Progress note dated 10/29/2013 documented the patient to state that her blood pressure has been better controlled. Her average blood pressure is 140/90. She denies any chest pain or palpitations at this time. Objective findings on exam included a blood pressure of 137/83, heart rate 58, and weight 177 pounds. Cardiovascular exam revealed a regular rate and rhythm, S1 and S2. Point of maximum impulse is normal. Carotid upstrokes are normal. Progress note (PR-2) dated 12/02/2013 documented the patient with complaints of constant severe sharp low back pain, stiffness, numbness, tingling, weakness and cramping radiating to the left leg with numbness. Examination of the lumbar spine revealed there is no bruising, swelling, atrophy or lesion present at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPERTENSA, #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), Medical food

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

Decision rationale: Hypertensa is a medical food intended for use in the management of hypertension. The CA MTUS guidelines remained silent for medical food. According to the Official Disability Guidelines (ODG), medical food is recommended 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. In this case, this patient has a history of hypertension; however, there is no documentation in the available medical records submitted that indicates any nutritional deficiency. There is no documentation that supports for the need of medical food. Therefore, the request is not medically necessary and is non-certified.

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 (Chronic), Medical food

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

Decision rationale: Sentra is a medical food intended for use in management of sleep disorders associated with depression. Sentra is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The CA MTUS guidelines remained silent for medical food. According to the Official Disability Guidelines (ODG), medical food is recommended 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. There is no documentation on the available medical records submitted that indicates any nutritional deficiency. There is no documentation that supports for the need of medical food. Therefore, the request is not medically necessary and is non-certified.

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 (Chronic), Medical food

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

Decision rationale: Sentra is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The CA MTUS guidelines remained silent for medical food. According to the Official Disability Guidelines (ODG), medical food is recommended 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. There is no documentation on the available medical records submitted that indicates any nutritional deficiency. There is no documentation that supports for the need of medical food. Therefore, the request is not medically necessary and is non-certified.

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), Medical food

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

Decision rationale: The CA MTUS guidelines remained silent for medical food. According to the Official Disability Guidelines (ODG), TheramineÂ® 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 syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Further guidelines indicate do not support the use of Gamma-aminobutyric acid (GABA), Choline, and L-Arginine, and L-Serine.Guidelines also indicate that medical food is recommended 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. There is no documentation on the available medical records submitted that indicates any nutritional deficiency. There is no documentation that supports for the need of medical food. Therefore, the request is not medically necessary and is non-certified.