

Case Number:	CM14-0004772		
Date Assigned:	01/24/2014	Date of Injury:	02/28/2011
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 has submitted a claim for cervical spine, bilateral shoulder, bilateral elbow and left wrist pain associated with an industrial injury date of 2/28/2011. The treatment to date has included acupuncture treatment, intake of medications which include, Lansoprazole, Gaviscon, Dexilant, Amitiza, Nabumetone, Omeprazole, Tizanidine HCL, and Hydrocodone/APAP. The medical records from 2013 were reviewed which revealed constant cervical spine pain rated 7/10, bilateral shoulder pain rated as 6/10, right wrist/hand pain rated as 2/10 and left wrist/hand pain rated as 3/10. Physical examination showed tenderness over paracervical area with limitation of motion at 40/50 degrees cervical flexion, extension is at 30/60 degrees, rotation at 45/80 degrees, and lateral flexion at 30/45 degrees. There was positive cervical compression test and shoulder depression test, bilaterally. Shoulder examination showed tenderness over rotator cuff muscles and trapezius muscles with limitation of motion of 170/180 degrees flexion bilaterally, extension 45/50 degrees bilaterally, abduction 170/180 degrees bilaterally, adduction at 45/50 degrees bilaterally, internal rotation at 45/90 degrees, bilaterally; and external rotation at 90/90 degrees, bilaterally. Apprehension and impingement tests were positive bilaterally. Elbow examination showed flexion at 80/140 degrees bilaterally, extension at 0/0 degree, bilaterally; supination at 80/80 degrees, bilaterally and pronation at 80/80 degrees bilaterally. There was tenderness over the wrist flexors. Range of motion of the wrist was 30/60 degrees flexion bilaterally, extension at 60/60 degrees bilaterally, radial deviation at 20/20 degrees and ulnar deviation at 30/30 degrees, bilaterally. Tinel's test of the median ulnar nerve was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF SENTRA PM (1 BOTTLE): 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 Chapter, and Clinical Pharmacology (2008).

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).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Pain section was used instead. The ODG states Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. In this case, the medical records submitted for review did not mention any sleep disorders or any evidences that patient is depressed. Even so, medical foods are not recommended by the guidelines. Therefore, the request for is not medically necessary.

90 TABLETS OF THERAMINE (2 BOTTLES): 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 Chapter, 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).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG), Pain section was used instead. The ODG states that Theramine is a medical food that is a proprietary blend of GABA (gamma-aminobutyric acid) and choline bitartrate, L-arginine and L-serine that is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. In this case, the patient experiences chronic cervical spine, bilateral shoulder, bilateral elbow, and left wrist pain since 2011. However, medical foods are not recommended by the guidelines and there is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.