

Case Number:	CM14-0006935		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2013
Decision Date:	07/31/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/20/2014

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 is a 53-year-old male who has filed a claim for brachial neuritis/radiculitis associated with an industrial injury date of April 03, 2013. Review of progress notes indicates frequent headaches, neck pain radiating to the right upper extremity, low back pain, right shoulder pain with numbness and tingling, and occasional right ankle/foot pain. Findings include slightly decreased cervical and lumbar range of motion, positive Spurling's test bilaterally, positive shoulder decompression test on the right, and tenderness over the cervical spine and suprascapular regions. Treatment to date has included physical therapy, muscle relaxant, NSAIDs, opioids, Glucosamine, and topical analgesics. Utilization review from January 03, 2014 denied the requests for GABADone #60, Sentra AM and PM #60 x 2, Theramine #60, and Trepadone #120. Reasons for denial were not submitted.

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 Chapter.

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

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, ODG was used instead. The Official Disability Guidelines also state that GABAdone is not recommended as it is a medical food. It is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patient who are experiencing anxiety related to sleep disorders. There is no documentation regarding nutritional deficiencies, anxiety, or sleep difficulties in this patient. Also, this compound is not recommended for use. There is also no guideline recommendation supporting the use of this product. Therefore, the request for GABAdone #60 was not medically necessary.

SENTRA AM, SENTRA PM, #60 X2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Sentra PM. Other Medical Treatment Guideline or Medical Evidence http://www.ptlcentral.com/downloads/monographs/Sentra_AM_latest.pdf.

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, ODG was used instead. According to ODG, Sentra PM is intended for use in management of sleep disorders associated with depression. Sentra PM is a proprietary blend of choline, bitartrate, glutamate, and 5-hydroxytryptophan. 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. Glutamic Acid is used for treatment of hypochlohydria and achlorhydria including those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. An online search showed that Sentra AM is a medical food that is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and impaired neurocognitive functions. There is no documentation regarding nutritional deficiencies, or of the outlined conditions above. There is also no guideline recommendation supporting the use of these products. Therefore, the request for Sentra AM and PM #60 x 2 was not medically necessary.

THERAMINE #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Theramine.

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, ODG was used instead. According to ODG, Theramine is not recommended. It is a medical food that is a proprietary blend of GABA and choline bitartrate, L-arginine, and L-serine intended for management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. There is no documentation as to the failure of or intolerance to conventional pain medications to support this request. Therefore, the request for Theramine #60 was not medically necessary.

TREPADONE #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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, ODG was used instead. Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and GABA. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated; regarding choline, there is no known medical need for choline supplementation; regarding L-Arginine, this medication is not indicated in current references for pain or inflammation; and regarding L-Serine, there is no indication for the use of this product. There is no documentation as to the failure of or intolerance to conventional pain medications to support this request. There is also no guideline recommendation supporting the use of this product. Therefore, the request for Trepadone #120 was not medically necessary.