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| Case Number: | CM14-0008344 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 02/28/2008 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 64-year-old female who has submitted a claim for cervical musculoligamentous strain, cervical discopathy, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, associated with an industrial injury date of February 8, 2008. Medical records from 2013 were reviewed. The progress report, dated 06/20/2013, showed increasing low back pain; currently the pain scale was 6/10. She denied having had any procedures done to alleviate the pain. She denied having had any diagnostic studies. Physical examination revealed ambulation with an antalgic gait on the left. Heel-toe walk exacerbated her antalgic gait. There was diffuse tenderness along the lumbar paraspinal muscles. There was moderate facet tenderness at L4-S1. Supine straight leg raise test was positive. There was restricted range of motion of the lumbar spine with lateral bending and flexion to the right. There was decreased sensation at the L4 dermatome bilaterally. Treatment to date has included physical therapy, chiropractic therapy, home exercise program, and medications. Utilization review from 01/03/2014 denied the request for the purchase of Sentra AM #60, Sentra PM #60 and Trepadone #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Chapter, 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 Chapter, Medical Food.

Decision rationale: Sentra AM is a patented blend of neurotransmitters and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-L-carnitine, glutamate, and cocoa powder); polyphenolic antioxidants (grapeseed extract, hawthorn berry, cocoa powder); an amino acid uptake stimulator (gingkgo biloba); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grapeseed extract). ODG states that choline is a precursor of acetylcholine and 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. Regarding glutamate, ODG states that treatment indications for glutamic acid include those with impaired intestinal permeability, short bowel syndrome, cancer, and critical illness. 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 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 Chapter, 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 chapter, Medical Food.

Decision rationale: 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. 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 is not medically necessary.

TREPADONE #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain chapter, 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 Chapter, Medical Food.

Decision rationale: 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 is not medically necessary.