

Case Number:	CM14-0104156		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2003
Decision Date:	11/04/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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:

This patient is a 57 y/o male who has developed chronic lumbar spinal pain subsequent to a fall on 10/23/03. He has been treated with physical therapy, chiropractic and oral analgesics. The pain is described to be radiation into the lower extremities on the left greater than right side. Opioid medications are described to diminish the pain levels about 30% and allow for ADL's. There is no history of medication misuse or abuse. A few months prior to this review the patient asked to decrease the amount of pills he is using.

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 (ODG) Official Disability Guidelines-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, Medical Foods

Decision rationale: MTUS Guidelines does not address the issue of medical foods. ODG Guidelines directly address this issue. The Guidelines only support medical foods when there is

an established medical diagnosis that is proven to be associated with a measurable nutritional deficit. Sentra AM is a blend amino acid precursors and has no known use for chronic pain disorders. In addition, this patient has no known nutritional deficits. The Sentra AM #60 is not medically indicated.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-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: MTUS Guidelines does not address the issue of medical foods. ODG Guidelines directly address this issue. The Guidelines only support medical foods when there is an established medical diagnosis that is proven to be associated with a measurable nutritional deficit. Sentra PM is a blend amino acid precursors plus herbal extracts and has no known use for chronic pain disorders. In addition, this patient has no known nutritional deficits. The Sentra PM #60 is not medically indicated.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-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: MTUS Guidelines does not address the issue of medical foods. ODG Guidelines directly address this issue. The Guidelines only support medical foods when there is an established medical diagnosis that is proven to be associated with a measurable nutritional deficit. Theramine is a blend amino acid precursors and amino acids that has no Guideline support for chronic pain disorders due to the poor quality of medical research on this blend. In addition, this patient has no known nutritional deficits. The Theramine #90 is not medically indicated.

Norco 10/325mg tid#90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of Opioids when there is pain relief, functional improvements and the absence of addictive behaviors. This patient meets Guideline criteria for the use of Opioid medications. The Norco 10/325mg #90 is medically necessary.