

Case Number:	CM14-0104616		
Date Assigned:	07/30/2014	Date of Injury:	03/28/2011
Decision Date:	10/09/2014	UR Denial Date:	07/03/2014
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 Physical Medicine & Rehabilitation 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 injured worker is a 54 year old female who sustained an injury on March 28, 2011. She was diagnosed with status post hip arthroscopy with labral debridement, femoral neck resection and chondroplasty and right hip with continued dysfunction and pain. She was seen on April 7, 2014 for an evaluation. She was over six months from surgery. She recently finished functional capacity evaluation. An examination of the right lower extremity revealed that she was neurologically intact from L2 to S1. There was no lymphedema. There was 2+ dorsalis pedis and posterior tibial pulses with normal capillary refill. Her gait was antalgic. Hip internal rotation remained to 20 degrees with mild discomfort. Straight leg raising test and palpation of the lateral thigh produced continued mild discomfort. A functional capacity evaluation dated February 13, 2014 revealed that there were a lot of excessive pain behaviors out of proportion to the observed limitations. The overall functional level appeared to be at sedentary level. There was also a recommendation to consider continued physical therapy as well as a pain management evaluation to allow her to return to a more functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaboxetine - Unspecified quantity and dosage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Individually, the fluoxetine component of Gaboxetine is approved by the Food and Drug Administration (FDA) and GABA Done as medical food does not have to be registered with the Food and Drug Administration (FDA). However, when these are combined as a co-pack drug, the manufacturer has to obtain FDA approval as a new drug. Gaboxetine is not yet approved by the Food and Drug Administration (FDA). Hence, it is not yet considered generally safe and effective for use. Therefore, the requested medication is considered not medically necessary at this time.

Sentra AM #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Food

Decision rationale: Sentra AM consists of choline bitartrate and glutamic acid. The Official Disability Guidelines (ODG) stated that choline is indicated only for cases of long-term parenteral nutrition or for those with choline deficiency secondary to liver deficiency. Glutamic acid is used for the management and treatment of hypochlorhydria, achlorhydria, and other digestive disorders. Based on the reviewed medical records, the injured worker does not appear to have any of these conditions at this time. Hence, the request for Sentra AM is not medically appropriate.

Sentra PM #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Food

Decision rationale: Sentra PM contains choline bitartrate, glutamate, and 5-hydroxytryptophan. The Official Disability Guidelines (ODG) state that choline is indicated only for cases of long-term parenteral nutrition or for those with choline deficiency secondary to liver deficiency. Glutamic acid is used for the management and treatment of hypochlorhydria, achlorhydria, and other digestive disorders. 5-hydroxytryptophan was found to be effective for depression. Based on the reviewed medical records, other than depression, the injured worker does not appear to have any of these conditions at this time. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe a medical food for depression instead of oral medications. Hence, the request for Sentra PM is not medically appropriate.

Theramine #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Food Official Disability Guidelines (ODG) Pain, Theramine

Decision rationale: Theramine has gamma-aminobutyric acid, choline bitartrate, L-arginine, and L-serine. The Official Disability Guidelines (ODG) do not recommend the use of Theramine. More so, it also stated that gamma-aminobutyric acid is indicated for epilepsy, spasticity, and tardive dyskinesia. Choline is indicated only for cases of long-term parenteral nutrition or for those with choline deficiency secondary to liver deficiency. L-arginine is for urine detoxification. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. There was no indication for L-serine. Based on the reviewed medical records, the injured worker does not appear to have any of these conditions at this time. Hence, the request for Theramine is not medically appropriate.