

Case Number:	CM14-0109091		
Date Assigned:	09/16/2014	Date of Injury:	02/28/2013
Decision Date:	10/21/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old was reportedly injured on February 28, 2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated July 28, 2014, indicates that there were ongoing complaints of numbness and tingling in the bilateral upper extremities. The physical examination demonstrated tenderness over the trapezius, levator scapulae, and rhomboid muscles. No spasms or trigger points were noted. There was a normal Spurling's test. Examination of the shoulders revealed decreased range of motion and strength with tenderness at the glenohumeral joint as well as the acromioclavicular joint. There was a positive right-sided impingement test and a positive right-sided Tinel's test at the suprascapular nerve. There was a positive Tinel's test at the right wrist. Diagnostic nerve conduction studies of the upper extremities were normal. Previous treatment includes physical therapy, steroid injections, acupuncture, and oral medications. A request had been made for Theramine and Sentra PM and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (Updated 10/06/14).

Decision rationale: Theramine is a blend of choline bitartrae, L-Arginine, L-Histadine, L-Glutamine, L-Serine, GABA, giffonia seed, whey protein, grape seed extract, ginkgo biloba, cinnamon, and cocoa. The use of Theramine is not indicated in the treatment of cervical spine pain or upper extremity radicular symptoms. As such, the request for Theramine, ninety count, is not medically necessary or appropriate.

Sentra PM, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (Updated 10/06/14).

Decision rationale: Sentra PM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, 5-hydroxytryptophan, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate,cocoa powder); stimulator of precursor uptake (ginkgo biloba); polyphenolic antioxidants (cocoa powder, grape seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). According to the official disability guidelines, Sentra PM is under study for insomnia but is currently not recommended. Therefore, the request for Sentra PM, sixty count, is not medically necessary or appropriate.