

Case Number:	CM14-0011646		
Date Assigned:	02/21/2014	Date of Injury:	04/30/2001
Decision Date:	08/05/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 71-year-old female who has filed a claim for rotator cuff syndrome associated with an industrial injury date of April 30, 2001. Review of progress notes indicates low back pain radiating to the left lower extremity, constant right shoulder pain with numbness, constant right elbow pain with numbness and tingling, and constant right wrist pain with numbness and tingling. Findings include decreased range of motion of the right shoulder, elbow, and wrist; positive supraspinatus test on the right; positive Tinel's median/ulnar and Phalen's on the right; decreased lumbar range of motion with positive straight leg raise on the left; tenderness over the lumbar region with spasms; and decreased sensation at the right C6-8 distributions. Electrodiagnostic testing dated October 15, 2013 showed possible right carpal tunnel syndrome. Treatment to date has included muscle relaxants, opioids, topical analgesics, acetaminophen, NSAIDs, medical foods, physical therapy, acupuncture, chiropractic therapy, cryotherapy, and right shoulder arthroscopic surgeries. Utilization review from December 31, 2013 denied the requests for Gabadone #60, Sentra AM #60, Sentra PM #60, and Theramine #60. 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, GABAdone TM.

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. In this case, there is no documentation regarding sleep difficulties or nutritional deficiencies to support this request. Therefore, the request for Gabadone #60 is not medically necessary.

SENTRA AM #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) Pain Chapter, Medical Food Section 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, Official Disability Guidelines (ODG) Pain Chapter, Medical Food Section was used instead. ODG states that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. 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. In this case, there is no documentation of the above mentioned conditions or of nutritional deficiencies to support this request. Therefore, the request for Sentra AM #60 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) Sentral PM TM.

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.

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. The 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. In this case, there is no documentation of the above mentioned conditions or of nutritional deficiencies to support this request. Therefore, the request for Sentra PM #60 is not medically necessary.

THERAMINE #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) Theramine.

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 specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (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. In this case, there is no documentation regarding nutritional insufficiencies, or of intolerance to or failure of conventional pain medications, to support this request. Therefore, the request for Theramine #60 is not medically necessary.