

Case Number:	CM14-0014345		
Date Assigned:	06/11/2014	Date of Injury:	07/22/2013
Decision Date:	07/14/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 35-year-old female who reported an injury on 07/22/2013. The mechanism of injury was not stated. Current diagnoses include bilateral forearm sprain, bilateral carpal tunnel syndrome, and left wrist/hand cyst. The injured worker was evaluated on 02/24/2014. The injured worker reported persistent pain in bilateral upper extremities with numbness and tingling. Previous conservative treatment includes medication management and Transcutaneous electrical nerve stimulation (TENS) therapy. Physical examination revealed limited wrist range of motion bilaterally, positive Phalen's testing, and positive Tinel's testing. Treatment recommendations included continuation of Theramine, Sentra AM, Sentra PM, and Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE #90,: 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) Chronic Pain chapter, Theramine.

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

Decision rationale: Official Disability Guidelines state Theramine is not recommended. Theramine is a medical food intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. As guidelines do not recommend the use of the medication, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

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) Chronic 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) Chronic Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines state a medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, 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) Chronic Pain Chapter, Sentra PM.

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

Decision rationale: Official Disability Guidelines state Sentra PM is a medical food intended for the use and management of sleep disorders associated with depression. The injured worker does not maintain a diagnosis of sleep disorder or depression. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

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) Chronic 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) Chronic Pain Chapter, Medical Food.

Decision rationale: Official Disability Guidelines state a medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.