MAXIMUS Federal Services

Case Number:	CM14-0014551		
Date Assigned:	02/28/2014	Date of Injury:	01/27/2010
Decision Date:	07/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The patient is 44-year-old male who has submitted a claim for lumbosacral radiculopathy, lumbosacral pain and depressive disorder associated from an industrial injury date of January 27, 2010. Medical records from 2013-2014 were reviewed, the latest of which is dated January 7, 2014 revealed that the patient reported improved mood and feeling better. On physical examination, there was a scar noted in the lower back. There are positive facet maneuvers in the bilateral L4-5 and L5-S1 levels. There is positive straight leg raise test on the right. There is diminished right ankle deep tendon reflex. Treatment to date has included lumbar decompression (1/24/12), bilateral medial branch block L3-L5 (4/16/13), right radiofrequency ablation (5/31/13), left radiofrequency ablation (6/13/13) physical therapy, home exercise program, and medications that include Norco, Nucynta, Sentra, Gralise, Skelaxin, Opana, Theramine, Fentanyl patch, nabumetone and Percocet. A utilization review from January 30, 2014 denied the request for Theramine because it is not medically appropriate or indicated based on current evidence based literature and research, and it has not been identified as superior product in comparison with standard first line medication for the patient's condition, including NSAIDs; denied the request for Sentra PM because the medical records provide no indication that the patient has been advised of proper sleep hygiene techniques and a formal diagnosis of insomnia is not noted, and denied the request for Follow Up With Treatment Plan For 6 Months because the medical records do not include any specific information regarding what treatment is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE: 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, Theramine & Medical Foods.

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, Theramine.

Decision rationale: The CA MTUS does not address the topic on Theramine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that Theramine is not recommended. There is no high quality peer-reviewed literature that suggests that GABA is indicated. There is no known medical need for choline supplementation. L-Arginine and L-Serine are not indicated in current references for pain or inflammation. In a manufacturer study comparing Theramine to naproxen, Theramine appeared to be effective in relieving back pain without causing any significant side effects. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. In this case, the patient has been using Theramine since January 2014 for pain and inflammation. There is no clinical finding for adjunct treatment with Theramine. Also, the guidelines do not recommend the use of Theramine. Moreover, the amount to be dispensed was not specified. Therefore, the request for Theramine is not medically necessary.

SENTRA PM: 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, Sentra PM & 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 Chapter, Sentra PM.

Decision rationale: The CA MTUS does not address the topic on Sentra PM. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines were used instead. ODG states that Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. In this case, the patient has been using Sentra PM since June 2013 for sleeplessness due to low back pain. However, the medical records submitted do not include evidence of sleep disorder associated with depression or diagnosis of insomnia. Also, there was no discussion concerning the patient's sleep hygiene. Moreover, the amount to be dispensed was not specified. Therefore, the request for Sentra PM is not medically necessary.

FOLLOW UP WITH TREATMENT PLAN FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

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, Office Visits.

Decision rationale: The CA MTUS does not address the topic on follow up visit. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor/s play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient presents with pain symptomatology in the lower back with depressive disorder. The RFA actually made a request for 6 months, follow up treatment plan, which is a very ambiguous request, since it is unclear as to whether the provider is requesting a follow up visit in 6 months, or to be permitted to treat the patient for a 6-month period. The request does not specify whether the request is for the low back symptoms or for psychological care. Therefore, the request for Follow up with Treatment Plan for 6 Months is not medically necessary.