

<b>Case Number:</b>	CM14-0113584		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 56-year-old female was reportedly injured on January 11, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back pain. Current medications include loproressor, hydrochlorothiazide, methotrexate, Norco, and tramadol. The physical examination demonstrated swelling of the hands and feet bilaterally. There was tenderness and spasms over the lumbar paraspinal muscles and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine indicated spurring at the L4-L5 and L5-S1 levels with a possible disc herniation. Previous treatment is unknown. A request had been made for Sentra AM, Sentra PM, and Theramine and was not certified in the pre-authorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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-Pain.

**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, Updated July 10, 2014.

**Decision rationale:** Sentra AM is a medical food with amino acids. According to the Official Disability Guidelines, amino acids are not indicated except for detoxification of urine. Considering this, the request for Sentra AM is not medically necessary.

**Sentra PM #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, Medical Food, Updated July 10, 2014.

**Decision rationale:** Sentra PM is a medical food with amino acids. According to the Official Disability Guidelines, amino acids are not indicated except for detoxification of urine. Considering this, the request for Sentra PM is not medically necessary.

**Theramine #90:** 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, Medical Food, Updated July 10, 2014.

**Decision rationale:** Theramine is a medical food which provides neurotransmitter precursors. It is designed to manage nutritional deficiencies with acute and chronic pain syndromes. There is no documentation of the nutritional deficiency in the attached medical record. Therefore, this request for Theramine is not medically necessary.