

Case Number:	CM14-0150910		
Date Assigned:	10/20/2014	Date of Injury:	04/20/2001
Decision Date:	11/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Pain Management 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 a 47 year old male with date of injury 4/20/01. The treating physician report dated 8/21/14 indicates that the patient presents with depression, irritability, anxiousness, lower back pain, bilateral lower extremity pain, neck pain and bilateral shoulder pain with numbness in both arms. The mental status examination reveals that the patient's mood is depressed, affect is depressed, he is tearful and he is angry. Prior treatment history includes medication management with Wellbutrin 300mg, Ativan 2-3 mg per day, Prilosec 40mg, Theramine, Sentra AM and Temazepam 30mg. The current diagnoses are: 1. Depression 2. Post Laminectomy syndrome, Lumbar with DDD and facet arthropathy 3. Neck and shoulder pain. The utilization review report dated 9/2/14 denied the request for Prilosec, Theramine and Sentra AM based on the MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs), under Pain (Chronic)

Decision rationale: The patient in this case has chronic neck and back pain along with depression and anxiety status post lumbar laminectomy. The current request is for Prilosec 40 mg. In reviewing the pain management reports and psychiatry reports provided there is ongoing prescription provided since at least 4/11/14 for Celebrex. In reviewing the 5 monthly reports from the pain management physician there is no report of any side effects from the Celebrex or complaints of gastritis. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider in this case has not documented that the patient is at risk or currently experiencing any G/I side effects. Recommendation is for denial.

Unknown prescription of Theramine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient in this case has chronic neck and back pain along with depression and anxiety status post lumbar laminectomy. The current request is for Theramine. Theramine is a medical food from [REDACTED], that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The treating physician report dated 8/21/14 states, "Theramine for pain." There is no dosage amount documented. The MTUS guidelines do not address Theramine. The ODG guidelines state that Theramine is not recommended for the treatment of chronic pain. ODG goes on to state that until there are higher quality studies of the ingredients in Theramine, it remains not recommended. There is no rationale provided as to why this patient requires Theramine which is not supported by ODG as an anti-inflammatory and the patient is currently prescribed Celebrex. Recommendation is for denial.

Unknown prescription of Sentra AM: 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), online Pain chapter for Medical Food

Decision rationale: The patient in this case has chronic neck and back pain along with depression and anxiety status post lumbar laminectomy. The current request is for Sentra AM. In reviewing the medical literature for Sentra AM it states that it is a medical food designed to

increase and maintain the production of acetylcholine by peripheral neurons and brain cells. The treating physician in this case has simply stated in the 8/21/14 report, "Sentra AM to modulate his mood." The MTUS guidelines do not address Sentra AM. The ODG guidelines for medical food states, "Not recommended for chronic pain. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." The provider in this case has failed to provide any rationale for prescribing this medical food and ODG finds no medical benefit from the usage of medical foods. Recommendation is for denial.