

Case Number:	CM14-0153645		
Date Assigned:	09/23/2014	Date of Injury:	04/10/2003
Decision Date:	10/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty in Pain 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 injured worker is a 49-year-old female who reported an injury on 04/10/2003. The mechanism of injury was the injured worker was loading 50 pound boxes on a step stool and the ground had not been defrosted and the weight of the box shifted causing the injured worker to fall backward. The injured worker had an L5-S1 fusion in 2004 or 2005. Other surgical history was noncontributory. The documentation of 03/04/2014 revealed the injured worker was utilizing Theramine 3 times a day #90, Sentra PM twice a day and Sentra AM twice a day. The injured worker's current medications on 03/04/2014 included MS Contin, Norco, Flexeril, Neurontin, Promolaxin, and Ketoprofen cream. The diagnostic studies and other therapies were not provided. The documentation of 09/09/2014 revealed the injured worker had a trip and fall 5 days prior to the examination. The injured worker indicated the medical foods helped with energy and endurance. The injured worker had low back pain radiating down to the left foot with associated numbness in the right thigh. The injured worker indicated with her prescription medications she was able to walk and take care of her mother, however, had difficulty getting up and down. The medications included Neurontin, Flexeril, Norco, MS Contin, Xanax, and Cymbalta. The physical examination revealed the injured worker had tenderness and spasms of the L3 paraspinal muscles on the right. The injured worker had decreased range of motion and weakness in the left hallucis longus. The diagnoses included failed back syndrome and lumbar radiculopathy. The treatment plan included Theramine 3 times a day #90, Sentra PM twice a day to help with sleep and energy, and Sentra AM to help with alertness and energy. The Theramine was noted to be prescribed to help with the absorption of the NSAIDs and medications. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60 per RFA dated 9/2/14 QTY: 60.00: 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)

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 Official Disability Guidelines do not recommend the use of Gabadone. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was no rationale for the request of Gabadone. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabadone #60 per RFA dated 9/2/14 quantity 60 is not medically necessary.

Sentra AM #60 per RFA dated 9/2/14 QTY: 60.00: 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)

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 Foods Other Medical Treatment Guideline or Medical Evidence:
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. However, to be considered a medical food, the product must be a food for oral or tube feeding, must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. Per Marvista health center.com Sentra AM is a blend of Choline bitartrate and glutamate, acetyl-L-carnitine, cocoa powder, ginko biloba and grape seed extract and is utilized in the treatment of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder. The clinical documentation submitted for review indicated the injured worker had utilized the medical food since at least 03/2014. There was a lack of documentation of objective functional benefit and exceptional factors to warrant a necessity for the medical food, as medical foods are not recommended for chronic pain. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra AM #60 per RFA dated 9/2/14 quantity 60 is not medically necessary.

Sentra PM #60 per RFA dated 9/2/14 QTY: 60.00: 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)

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 Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. However, to be considered a medical food, the product must be a food for oral or tube feeding, must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. Per Marvista health center.com Sentra AM is a blend of Choline bitartrate and glutamate, acetyl-L-carnitine, cocoa powder, ginko biloba and grape seed extract and is utilized in the treatment of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder. The clinical documentation submitted for review indicated the injured worker had utilized the medical food since at least 03/2014. There was a lack of documentation of objective functional benefit and exceptional factors to warrant a necessity for the medical food, as medical foods are not recommended for chronic pain. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra AM #60 per RFA dated 9/2/14 quantity 60 is not medically necessary.

Theramine #90 per RFA dated 9/2/14 QTY: 90.00: 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)

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 Official Disability Guidelines do not recommend Theramine to treat chronic pain. The clinical documentation submitted for review indicated Theramine was prescribed to help with the absorption of NSAIDs and medications. The duration of use was since at least 03/2014. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Theramine #90 per RFA dated 9/2/14 quantity 90 is not medically necessary.

Trepadone #120 per RFA dated 9/2/14 QTY: 120.00: 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)

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, Trepadone

Decision rationale: The Official Disability Guidelines do not recommend the use of Trepadone for chronic pain. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Trepadone #120 per RFA dated 9/2/14 quantity 120 is not medically necessary. Additionally, there was a lack of documented rationale for the request.