

Case Number:	CM14-0166450		
Date Assigned:	10/13/2014	Date of Injury:	02/07/2013
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice and is licensed to practice in Alabama, Mississippi and Tennessee. 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 53 year old male who reported an injury on 02/07/2013 due to a fall. His diagnoses include right knee internal derangement, right knee medial meniscus tear, and right shoulder rotator cuff tear. His past treatments include home exercises, work restrictions, physical therapy, and medication. The diagnostic studies include a right knee MRI on 03/05/2014, which revealed meniscus tear. His surgical history was noted to include a right knee arthroscopic surgery in 04/2013. On 09/10/2014, he rated his pain 6/10 without medication and 2/10 with medication. He also reported decreased activities of daily living and inability to kneel or work on his knees. The injured worker was noted to not be taking any medications. The treatment plan included prescriptions for Sentra AM to help with alertness and energy, Sentra PM to help with sleep and energy, Theramine to help absorption of NSAID, and Trepadone for osteoarthritis. The Request for Authorization form was not submitted for review.

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 (ODG), Pain Chapter, Medical Food Section

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.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain as there are no quality studies demonstrating meaningful benefits or improvements of functional outcomes. Additionally, there are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The documentation indicates the use of Sentra AM "to help with alertness and energy"; however, there were no objective findings of decreased alertness or energy in the clinical note on 09/10/2014. Moreover, the guidelines do not support the use of medical foods in relation to the treatment of his chronic pain as they have not been shown to be beneficial or improve function. Furthermore, the dosage and frequency in which the medication was prescribed were not provided. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for Sentra AM #60 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), Pain Chapter, Medical Food Section

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

Decision rationale: The Official Disability Guidelines recognize Sentra PM as a medical food for the intended use of sleep disorders associated with depression; however, the guidelines do not recommend medical food for chronic pain as there are no quality studies demonstrating meaningful benefits or improvements of functional outcomes. The documentation indicated depression secondary to his injuries and that the use of Sentra PM was "to help with sleep and energy"; however, there was insufficient documentation of subjective complaints of decreased sleep or diagnosis of a sleep condition. Moreover, the guidelines do not support the use of medical foods in relation to the treatment of his chronic pain as they have not been shown to be beneficial or improve function. Furthermore, the dosage and frequency in which the medication was prescribed were not provided. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for Sentra PM #60 is not medically necessary.

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), Pain Chapter, Medical Food Section

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

Decision rationale: The Official Disability Guidelines recognize Theramine as a medical food for the intended use of pain management including acute pain, chronic, pain, fibromyalgia, neuropathic pain, and inflammatory pain. However, the guidelines do not recommend medical food for chronic pain as there are no quality studies demonstrating meaningful benefits or improvements of functional outcomes. The documentation indicates Theramine would be used to "help the absorption of NSAID"; however, the injured worker was noted to not be taking any medications at the time of this clinical visit, which would make the request unnecessary. Moreover, the guidelines do not support the use of medical foods in relation to the treatment of his chronic pain as they have not been shown to be beneficial or improve function. Furthermore, a dosage and frequency in which the medication was prescribed were not provided. As such, the request for Theramine #90 is not medically necessary.

Trepadone #120: 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, Medical Food Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Trepadone and Medical food Other Medical Treatment Guideline or Medical Evidence

Decision rationale: The Official Disability Guidelines recognize Trepadone as a medical food intended for use in the management of joint disorders associated with pain and inflammation. However, the guidelines do not recommend medical food for chronic pain as there are no quality studies demonstrating meaningful benefits or improvements of functional outcomes. The documentation indicates Trepadone would be used for the treatment of osteoarthritis; however, the guidelines do not support the use of medical foods for the treatment of chronic pain in his right knee. Furthermore, the dosage and frequency in which the medication was prescribed were not provided. As such, the request for Trepadone #120 is not medically necessary.