

Case Number:	CM14-0167335		
Date Assigned:	10/14/2014	Date of Injury:	07/21/1998
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/10/2014

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 Interventional Spine 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:

This patient is a 50 year old male with an injury date of 7/21/98. Based on the 9/17/14 progress report by [REDACTED], this patient complains of persistent lower back pain, and persistent numbness right and left legs (sciatic distribution) with weakness. Exam of the lumbar spine shows extension at 20 degrees, flexion at 40 degrees, bilateral later bending at 30 degrees, and rotation at 20 degrees. Also, range of motion of lumbar spine back is 70% of normal with extreme weakness of both legs 3/5. There is decreased sensation of right anterolateral thigh to knee and walks "very slowly with shuffling." The diagnoses include lumbar radiculopathy; long-term (current) use of medications; encounter for therapeutic drug monitoring; and tobacco dependency. Work status as of 9/17/14: "Permanent Work Restrictions." The utilization review being challenged is dated 9/29/14. The request is for Sentra AM, Sentra PM, and Theramine. The requesting provider is [REDACTED] and he has provided various reports from 4/24/14 to 9/17/14.

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 Procedure Summary

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

Decision rationale: This patient presents with persistent low back pain with numbness and weakness that radiates into the bilateral lower extremities. The provider requests Sentra AM to help with alertness and energy. Official Disability Guidelines states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. According to the 9/17/14 report, this "WDWN male" not only "appears comfortable," but "denies weight changes." This patient also takes Prozac for his depression due to injury, which "allows him to have elevated mood and that increases his functionality ie perform ADLs." Also, his medications "make his pain bearable and brings it down from 10/10 to 6/10." Review of submitted documents does not indicate any specific nutritional requirements for this patient or medical conditions and/or diagnoses for this well-nourished, well-developed patient. Furthermore, records indicate this patient is taking Prozac, which already "elevates his mood, allowing him to perform ADLs." Therefore, this request 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 Procedure Summary

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

Decision rationale: This patient presents with persistent low back pain with numbness and weakness that radiates into the bilateral lower extremities. The provider requests Sentra PM "to help with sleep and energy." Official Disability Guidelines states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. This patient is currently prescribed Lorazepam 1 mg po qhs #20 for insomnia, though "not for use on a regular basis x1 refill" and Prozac, which "allows him to have elevated mood and that increases his functionality i.e. perform ADLs." Review of submitted documents does not indicate ineffectiveness of his current medication regimen. Furthermore, given the lack of discussion or documentation of any medical disorders or conditions which require specific nutritional requirements, Sentra PM does not appear to be a medical necessity. Therefore, this request 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 Procedure Summary

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: This patient presents with persistent low back pain with numbness and weakness that radiates into the bilateral lower extremities. He also complains of gastritis with medications. The provider requests Theramine to "help with absorption of NSAIDs." Official Disability Guidelines states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. This patient is currently taking Prilosec 20mg/d #30 for gastritis. Review of clinical reports lack documentation of an existing medical condition or diagnosis that prohibits or decreases the absorption of NSAIDs, nor any change in this patient's medication regimen to indicate as such. While this patient reports "gastritis," there are no documented deficiencies to support the efficacy of Theramine, or warrant its use as a medical necessity. Therefore, this request is not medically necessary.