

<b>Case Number:</b>	CM14-0171089		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Family Practice 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 39 year old female claimant who sustained a work injury on 3/19/12 involving the wrists and neck. She was diagnosed with carpal tunnel syndrome, neck sprain and overuse syndrome. A progress note on 9/23/14 indicated the claimant had used a TENS unit, Gabapentin, NSAIDs and therapy for pain and function. She had neck tenderness with reduced range of motion. An MRI from 5/20/13 showed disc space narrowing of C6-C7. The claimant was given additional Norco and Fennoprofen for pain and topical analgesics. In addition, the claimant was given Theramine to improve NSAID absorption, Sentra AM for energy and SENTRA pm for sleep.

### 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) Medical foods

**Decision rationale:** Sentra contains choline and L-glutamate. According to the ODG guidelines, Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamic Acid: This supplement is used for treatment of hypochlohydria and achlorhydria. In this case, the claimant does not have the above diagnoses. There is lack of evidence to support the use of Sentra AM and it 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) Medical foods

**Decision rationale:** Sentra PM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate). It is intended to be used for controlling sleep. According to the ODG guidelines, choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamate is used for treatment of hypochlohydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra PM. The use of Sentra PM 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) Medical Foods

**Decision rationale:** Theramine is a medical food containing 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. According to the ODG guidelines it is not recommended. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. There is poor evidence to support its use. The use of Theramine is not medically necessary.