

<b>Case Number:</b>	CM14-0179028		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 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:

69 year old female claimant sustained a work injury on 9/20/2000 involving the neck and low back. She was diagnosed with thoracic and cervical disc displacement. A progress note on 1/24/14 indicated she had been on Neurontin and Sam-E for pain along with topical analgesics. A progress note on 9/29/14 indicated the claimant had continued neck and back pain. Exam findings were notable for normal walking, no joint swelling but she had slight vertigo. She was continued on Donnatal, topical analgesics and Neurontin for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Donnatal 16.2mg, Qty. 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning medications Page(s): 29.

**Decision rationale:** Donnatal contains Atropine/Hyoscyamine, Scopolamine and Phenobarbital. According to the MTUS guidelines, phenobarbital can be used for opioid withdrawal. Donnatal does not have sufficient evidence to support its use for chronic pain. There was no indication of opioid use or need for weaning. The request for Donnatal is not medically necessary.

**Sam-E 200mg, Qty. 90:** 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) Medical Foods.

**Decision rationale:** Sam-E is a medical food/dietary supplement that contains S-Adenosylmethionine. The MTUS guidelines do not comment on its use. The ODG guidelines do not have Sam-E in their list of recommended foods. There is lack of clinical evidence to support its use. In addition, there is no documentation on length of use or therapeutic response. The request for Sam-E is not medically necessary.