

Case Number:	CM14-0179993		
Date Assigned:	11/04/2014	Date of Injury:	06/01/2007
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old female who had a work injury dated 6/1/07. The diagnoses include lumbar radiculopathy; chronic pain syndrome; chronic pain-related insomnia; myofascial syndrome; neuropathic pain; chronic pain-related depression; prescription narcotic dependence. Under consideration are requests for Baclofen 10mg #10; Relora 300mg #10; Gala herbs; Sentra AM #60; Sentra PM #60. There is a 9/23/14 progress note that states that the patient returns to the clinic today. She complains of low back pain, left leg pain and headaches. She states that the left ankle has been swollen and yesterday it was very painful. It feels a little better today. The patient's pain score is 2/10 right now, without medications is 10/10. She is experiencing swelling over the lateral malleolus of the left ankle. She denies having sprained the ankle and there is no palpatory tenderness in the ankle. She reports that she wraps the left leg to stabilize it while walking. She has most likely impeded venous drainage. She has been advised to leave the wrap off. Elevate the foot and use contrasts baths to improve the circulation in the ankle. There is a request for a urine toxicology screen and continuing her medications. There is a progress note dated 9/12/14 that states that the patient is in great spirits. She says, "My pain is almost a zero." The patient reports 1/10 pain today. She states she is averaging 6 to 8 mg of Buprenorphine a day by cutting up an 8 mg tablet into fourths and taking one-fourth three or four times a day. The patient's main issue is that she is still having some insomnia. She states her family doctor gave her Xanax for sleep. On exam her blood pressure: 130/83; pulse 85. Respiration 12; Height 5'3" and Weight 175 lb. has done great after undergoing narcotic detoxification last week. The patient is off all full-agonist narcotics and is on a relatively low dose of Buprenorphine, and her pain is under good control. She was told to take 0.5 mg (he gave her a 1 mg dose) and combine it with the natural sleeping aid supplement that we gave her to see if that would help her get a full

night's sleep. The patient states that all the supplements she is currently taking are helping her. The plan is continue Subutex, Vitamin B12, 5-HTP, anxiety relief formula, Relaxin Sleep with Phenibut, two at bedtime for insomnia. Alpha-Lipoic Acid; Taurine; Gaia Herbal Laxative formula, return to clinic next week for a re-evaluation for Nexalin treatment and pain school.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

Decision rationale: Baclofen 10mg #10 is not medically necessary per the MTUS Guidelines. The guidelines state that Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The documentation does not indicate that the patient has a spinal cord injury or has multiple sclerosis. There is no documentation of spasticity which is a velocity dependent increase in muscle tone. The request for Baclofen 10mg #10 is not medically necessary.

Relora 300mg #10: 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 Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Relora 300mg #10 is not medically necessary per the MTUS ACOEM guidelines. The updated ACOEM guidelines state that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. No substantial medical evidence has been provided by the treating physician to justify the recommendation to continue Relora therefore the request is not medically necessary.

Gala herbs: 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 Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Gala herbs are not medically necessary per the updated MTUS ACOEM Guidelines. The guidelines states that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. No substantial medical evidence has been provided by the treating physician to justify the recommendation to continue Gala herbs therefore the request is not medically necessary.

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)

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)-Medical food, Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Sentra AM #60 is not medically necessary per the MTUS and updated ODG guidelines. The MTUS Guidelines do not address Sentra. The ODG guidelines state that Sentra AM is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The updated ACOEM and the ODG guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra 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)

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)-Medical food, Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Sentra PM #60 is not medically necessary per the MTUS and updated ODG guidelines. The MTUS Guidelines do not address Sentra. The ODG guidelines state that Sentra

PM is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The updated ACOEM and the ODG guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra is not medically necessary.