

<b>Case Number:</b>	CM14-0021921		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### **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 Orthopedic Surgery and is licensed to practice in Texas. 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 46 year old female injured on 09/22/10 as a result of cumulative trauma. The injured worker reported acute exacerbation on the date of injury when she suddenly felt an immediate onset of pain in her right shoulder, neck, and low back. Current diagnoses included right impingement syndrome, right bicipital tenosynovitis, right medial epicondylitis, and right ulnar nerve compression. The injured worker underwent right shoulder surgery in 2010 and 2012. Clinical documentation dated 01/27/14 indicated the injured worker presented with ongoing complaints of right shoulder pain rated 6-8/10 and right elbow pain rated 7-8/10 radiating to bilateral shoulders and elbows. The injured worker received cortisone injection to the left elbow in March of 2013 which she reported provided no pain relief. Physical examination revealed limited range of motion of the right shoulder, positive impingement, Neer, Hawkins-Kennedy, empty can supraspinatus, and Speed tests. Physical examination of the right elbow revealed tenderness to palpation over the right medial elbow with limited range of motion. Additional examination findings of the upper extremities revealed 4/5 muscle strength of the right upper extremity and deep tendon reflexes were within normal limits. Current medications included topical creams and patches to alleviate pain symptoms. Request to refill medications including Sentra PM, Theramine, Trepadone, Medrox patches, and topical creams was submitted. The initial request for Sentra PM times 60, Theramine times 60, Trepadone times 90 was initially denied on 01/30/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SENTRA PM X 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 (Chronic), Sentra PM.

**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), Sentra PM.

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines - Online version, the use of herbal medicines or medical foods is not recommended. Sentra PM is intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There is no indication in the documentation that the injured worker has been diagnosed with depression or insomnia. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra PM X 60 cannot be recommended as medically necessary.

**THERAMINE X 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 (Chronic), Theramine.

**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), Theramine.

**Decision rationale:** As noted in the Pain Chapter of the Official Disability Guidelines, Theramine is not recommended for use in chronic pain management. Theramine is a medical food that is 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. There are no high quality studies that support the use of Theramine. Additionally, the use of herbal medicines or medical foods is not recommended. Further, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine X 60 cannot be recommended as medically necessary.

**TREPADONE X 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 (Chronic), Trepadone.

**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), Trepadone.

**Decision rationale:** As noted in the Pain Chapter of the Official Disability Guidelines, Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. Additionally, the use of herbal medicines or medical foods is not recommended. Further, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Trepadone X 90 is not recommended as medically necessary.