

<b>Case Number:</b>	CM14-0027492		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Occupational 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:

The applicant is represented [REDACTED] employee who has filed a claim for neck, low back, bilateral shoulder, and bilateral elbow pain reportedly associated with an industrial injury of January 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery, epidural steroid injection therapy; unspecified amounts of physical therapy and manipulative therapy; and a variety of dietary supplements. In a utilization review report dated February 20, 2014, the claims administrator denied a request for Gabadone, Sentra, Theramine, and Trepadone, dietary supplements, citing the ODG chronic pain chapter. The applicant's attorney subsequently appealed. An April 24, 2014 progress note was notable for comments that the applicant had persistent multifocal pain complaints, 4 to 7/10, about the neck, upper extremities, lower extremities, and low back. The applicant was described as permanently disabled. Prescriptions for Norco, Ambien, Xanax, and Soma were furnished at that point. It appears that many of the dietary supplements in questions, including Theramine, Sentra, and Gabadone were issued through earlier pain management note of February 25, 2014. Norco, Soma, Terocin, and a variety of other topical compounds were also issued at that point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABADONE QUANTITY 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section. 2. 9792.20F.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, however, dietary supplements such as Gabadone are not indicated in the treatment of chronic pain as they have no proven benefits in the treatment of the same. In the case, the applicant has, moreover, been using the agent in question despite the unfavorable ACOEM recommendation. There has, however, been no demonstration of functional improvement as defined in 9792.20f, which would support continued usage of Gabadone. The applicant is off of work. The applicant has been deemed permanently disabled. The applicant remains highly reliant and highly dependent on a variety of other medications including Norco, Soma, topical compounds, etc., all of which argues against any functional improvement as defined in 9792.20f despite ongoing usage of Gabadone. Therefore, the request is not medically necessary.

**SENTRA AM QUANTITY 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements and/or alternative treatments such as Sentra are specifically not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider has not furnished any compelling applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

**SENTRA PM QUANTITY:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatments such as Sentra-PM are specifically not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes. In this case, the applicant has seemingly used Sentra-PM for sometime, despite the unfavorable ACOEM recommendation. The applicant has, however, failed to effect any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work and has apparently been deemed permanently disabled. The applicant remains highly reliant on a variety of other oral and topical medications, including Norco, Soma, Terocin, etc. All of the above, taken together, imply the lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the Sentra-PM. Therefore, the request is likewise not medically necessary.

**60 THERAMINE QUANTITY 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, alternative treatments and/or dietary supplements such as Trepadone are not recommended in the treatment of the chronic pain, as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is likewise not medically necessary.

**TREPADONE QUANTITY120:** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, alternative treatments and/or dietary supplements such as Trepadone are not recommended in the treatment of the chronic pain, as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request is likewise not medically necessary.