

<b>Case Number:</b>	CM14-0028245		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 33-year-old female who was reportedly injured on February 28, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 8, 2014, indicates that there are ongoing complaints of low back pain. The injured employee stated that her constipation and abdominal pain has improved. Sleep quality was also stated to be improved. The physical examination demonstrated tenderness over the cervical and lumbar spine with decreased range of motion. Laboratory tests any urine toxicology screen were ordered. A request had been made for Sentra and Theramine and were not certified in the pre-authorization process on February 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM TABLETS #60:** 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 <http://www.drugs.com/pro/sentravil-pm-25.html>.

**Decision rationale:** Sentra is a brand name for the medication amitriptyline which is a tricyclic antidepressant. This brand name medication is not recognized by the California Medical

Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines or the Official Disability Guidelines. Specific justification should be made for requesting the use of this medication over another. This request for Sentra is not medically necessary.

**THERAMINE TABLETS # 60:** 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 <http://www.empr.com/theramine-a-safe-pharmacologic-alternative-for-chronic-back-pain/article/258211/>.

**Decision rationale:** Theramine is an amino acid-based medication used to treat chronic low back pain. This medication is not recognized by the California MTUS Chronic Pain Medical Treatment Guidelines or the Official Disability Guidelines. Specific justification should be made for requesting the use of this medication over another. This request for Theramine is not medically necessary.