

Case Number:	CM14-0028589		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2013
Decision Date:	07/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements/alternative treatments; topical agents; and work restrictions. It does not appear that the applicant is working with limitations in place, however. The applicant was described on a later office visit of March 27, 2014, as in the process of pursuing a knee arthroscopy. The applicant was using a topical Keratek gel, it was stated at that point in time. In multiple progress notes, interspersed throughout 2013, including July 19, 2013, were notable for comments that the applicant was off of work, on total temporary disability. It appears that the prescriptions for GABAdone/Gaboxetine and Sentra PM were first issued on September 16, 2013, and continued to be refilled at various points throughout 2013 and 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABOXETINE (GABADONE & FLUOXETINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (SELECTIVE SEROTONIN REUPTAKE INHIBITORS) Page(s): 107. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; PAIN (UPDATED 01/07/2014).

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 of dietary supplements or alternative treatment such as GABAdone. As noted in the third edition ACOEM Guidelines Chronic Pain Chapter, however, alternate treatments and/or dietary supplements such as GABAdone are not recommended in the treatment of chronic pain as they have no proven outcomes or functional benefits in the treatment of the same. The attending provider has not proffered any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Since one ingredient in the amalgam carries an unfavorable recommendation, the entire amalgam or compound is considered not recommended. Therefore, the request 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; PAIN (UPDATED 01/07/2014).

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, alternative treatments and/or dietary supplements such as Sentra PM are 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, as with the other request, the attending provider did not furnish any compelling applicant-specific information, narrative commentary, rationale, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.