

<b>Case Number:</b>	CM14-0029899		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 52 year old male injured on 07/01/13 when he fell landing on his back. Current diagnoses included lumbar sprain/strain, rule out lumbar disc syndrome without myelopathy, lumbar radiculitis with radiculopathy of left lower extremity, and left elbow lateral epicondylitis. Clinical note dated 02/06/14 indicated the patient presented complaining of left low back pain radiating to the left lower side, upper back pain radiating to the ribs, and left elbow pain. The injured worker was receiving conservative treatment in the form of chiropractic care and physiotherapy. Physical examination revealed decreased lumbar spine range of motion, negative straight leg raise, tenderness to palpation on the left elbow, positive tennis elbow test and Phalen sign to the left elbow, sensory exam within normal limits, reflexes 2+ and symmetric to bilateral upper extremities and lower extremities. Treatment plan included naproxen, Tizanidine, physical therapy, and manipulation modalities. The initial request for Sentra AM #60, Sentra PM #60, and Theramine #60 was initially non-certified on 02/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR SENTRA AM, QTY: 60 DISPENSED ON 12/06/2013: 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), Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 patient has been diagnosed with depression or insomnia. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra AM, QTY: 60 dispensed on 12/06/2013 cannot be recommended as medically necessary.

**RETROSPECTIVE REQUEST FOR SENTRA PM, QTY: 60 DISPENSED ON 12/06/2013:** 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), Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 patient has been diagnosed with depression or insomnia. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra PM, QTY: 60 dispensed on 12/06/2013 cannot be recommended as medically necessary.

**RETROSPECTIVE REQUEST FOR THERAMINE, QTY: 60 DISPENSED ON 12/06/2013:** 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 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. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine, QTY: 60 dispensed on 12/06/2013 cannot be recommended as medically necessary.