

Case Number:	CM14-0032515		
Date Assigned:	04/11/2014	Date of Injury:	04/27/2008
Decision Date:	05/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/27/08. A utilization review determination dated 1/15/14 recommends non-certification of Theramine, Sentra AM, Sentra PM, and GABAdone. 12/30/13 medical report (12/17/13 date of exam) identifies right shoulder pain, bilateral wrist/hand pain, right knee pain, depression, and stress. On exam, there is limited range of motion (ROM) of the shoulder and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE #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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN CHAPTER, 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 CHAPTER, MEDICAL FOOD AND THERAMINE.

Decision rationale: Regarding the request for Theramine, California MTUS does not address the issue. Per ODG, "There is no known medical need for choline supplementation except for the

case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Furthermore, "Gamma-aminobutyric acid (GABA)...is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." Also, regarding "L-Serine: There is no indication in Micromedix, Clinical Phamacology, or AltMedDex® for the use of this product." Lastly, ODG notes that L-Arginine...is not indicated in current references for pain or "inflammation." It is indicated to detoxify urine. Other indications include in use for angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. Within the documentation available for review, there is no documentation of a condition for which the components of Theramine would be supported. In the absence of such documentation, the currently requested Theramine is not medically necessary.

SENTRA AM, #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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN CHAPTER, MEDICAL FOODS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, MEDICAL FOOD.

Decision rationale: Regarding the request for Sentra AM, California MTUS does not address the issue. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Within the documentation available for review, there is no documentation of a condition for which the components of Sentra AM would be supported. In the absence of such documentation, the currently requested Sentra AM 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 (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN CHAPTER, MEDICAL FOODS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, MEDICAL FOOD AND SENTRA PM.

Decision rationale: Regarding the request for Sentra PM, California MTUS does not address the issue. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Within the documentation available for review, there is no documentation of a condition for which the components of Sentra PM would be supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.

GABADONE, NO DOSE, #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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, PAIN CHAPTER, MEDICAL FOODS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, MEDICAL FOOD AND GABADONE.

Decision rationale: Regarding the request for GABA done, California MTUS does not address the issue. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Furthermore, "Gamma-aminobutyric acid (GABA)...is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." Within the documentation available for review, there is no documentation of a condition for which the components of GABA done would be supported. In the absence of such documentation, the currently requested GABA done is not medically necessary.