

Case Number:	CM14-0034785		
Date Assigned:	06/20/2014	Date of Injury:	04/21/2006
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 21, 2006. Thus far, the applicant has been treated with analgesic medications, attorney representation, apparent amputation of the hand at the level of the wrist, topical agents and dietary supplements. In a utilization review report dated February 25, 2014, the claims administrator denied a request for a variety of dietary supplements, including Theramine, Sentra AM, Sentra PM, and GABAdone. The applicant's attorney subsequently appealed. In a progress note dated September 25, 2013, the applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of elbow, wrist, and shoulder pain, ranging from 5/10 to 9/10. The applicant reported derivative complaints of depression and insomnia. Extracorporeal shockwave therapy and drug screen were sought while the applicant was placed off of work, on total temporary disability, for an additional four to six weeks. On January 23, 2014, the applicant was again placed off of work, on total temporary disability. An elbow brace, Norco, Theramine, Sentra AM, Sentra PM, and GABAdone were endorsed, along with several topical compounds.

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)- Pain Chapter, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

Decision rationale: The California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, however, dietary supplements, alternative treatments, complementary treatments, and/or dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. In this case, the attending provider has not furnished any compelling applicant specific rationale, narrative, commentary, or other medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request 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)- Pain Chapter, Medical Foods.

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 California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, dietary supplements such as Sentra are not indicated in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. In this case, as with the other request, the attending provider did not proffer any applicant specific rationale, narrative, commentary, or other medical evidence which would offset the unfavorable ACOEM recommendation. 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 (ODG)- Pain Chapter, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

Decision rationale: Again, the California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, alternative treatments, complementary treatments, and/or dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or functional improvements in the treatment of the same. In this case, as with the other request, the attending

provider did not proffer any applicant specific rationale, narrative, commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

GABAdone #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, Medical Foods.

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 with the other request, the California MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, however, alternative treatments, complementary treatments, and/or dietary supplements such as GABAdone are not indicated in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or functional improvements in the treatment of the same. Therefore, the request is likewise not medically necessary.