

Case Number:	CM14-0039230		
Date Assigned:	06/27/2014	Date of Injury:	02/28/2006
Decision Date:	08/13/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/03/2014

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 Geriatrics and is licensed to practice in New York. 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 39 year old man with a date of injury of 2/28/06. He was seen by his primary treating physician who appealed the denial of Theramine and Sentra AM. He was said to have chronic cervical myalgia, neuropathic pain and spasms of muscles. His other medications included Suboxone and Gabapentin. His neuropathic pain was said to keep him awake at night. His physical exam showed right tenderness and spasms of the cervical and trapezius muscles with good cervical range of motion. His neurological exam was non-focal. Medical foods were prescribed to avoid further medications and to help with his pain and energy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website www.fda.gov.

Decision rationale: Theramine is a medical food used to treat chronic pain syndromes and low back pain. The term medical food, is a food which is formulated to be consumed or administered

enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The records do not substantiate significant improvement with current medications (opioids and Gabapentin) or why a medical food is being used instead of, or in addition to traditional medications or other modalities to treat pain. As such, the request is not medically necessary.

1 Prescription of 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 (Acute & Chronic) Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Website www.nutrientpharmacology.com and on the Non-MTUS Website www.fda.gov.

Decision rationale: Sentra AM is a medical food designed to increase and maintain the production of acetylcholine by peripheral neurons and brain cells. This injured worker has no documented history of cognitive dysfunction. Additionally, the term medical food, is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The records do not substantiate improvement with medications or why a medical food is being used instead of, or in addition to traditional medications or other therapeutic modalities. As such, the request is not medically necessary.