

Case Number:	CM14-0040523		
Date Assigned:	06/27/2014	Date of Injury:	10/10/2012
Decision Date:	09/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain 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 62 year old male injured on 10/10/12 while pushing and pulling metal bases weighing approximately 300- 400 pounds resulting in tightness in the low back. The injured worker underwent diagnostic evaluation, medication management, and physical therapy with eventual return to work status. Diagnoses included lumbar sprain/strain and lumbar disc protrusion. Clinical note dated 01/15/14 indicated the injured worker presented complaining of constant low back pain rated 5/10 without medication and 3/10 with medication use. Physical examination revealed decreased lumbar range of motion and lumbar spine spasm. The injured worker was awaiting approval for psychological evaluation for ongoing depression and anxiety, urine drug screen obtained, and prescription for naproxen sodium, and omeprazole provided. There was no recent clinical documentation submitted for review the initial request for GABAdone #60, Sentra #60, and Theramine #90 date of service 03/04/14 was non-certified on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60 DOS 3/4/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Guidelines (last updated 03/18/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain (Chronic), GABA done.

Decision rationale: As noted in the Official Disability Guidelines - Online version, GABA done is not recommended. GABA done is a medical food that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. Additionally, the use of herbal medicines or medical foods is not recommended. Further, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Gabadone #60 DOS 3/4/2014 is not recommended as medically necessary.

Sentra #60 DOS 03/04/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline TWC Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 is intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra #60 DOS 03/04/14 cannot be recommended as medically necessary.

Theramine #90, DOS 03/04/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline TWC Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. The use of herbal medicines or medical

foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine #90, DOS 03/04/14 cannot be recommended as medically necessary.