

Case Number:	CM14-0042145		
Date Assigned:	06/30/2014	Date of Injury:	04/25/2002
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice, and is licensed to practice in Ohio. 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 patient is a 64-year-old female whose original date of injury was April 25, 2002. She has been diagnosed with an internal derangement of her left knee, contracture of the left knee joint, lumbar radiculopathy, and pain in the joint involving the lower leg. With regard to her back and knee pain, she has been treated with physical therapy and a variety of narcotic and non-narcotic pain medication. She has had six or seven surgeries to the left knee including a total knee replacement in 2007. She has received an epidural steroid injection in the lumbar spine and achieved greater than 50% reduction in pain with that. Her physical exam has revealed swelling and tenderness of the medial and lateral joint lines of the left knee, diminished range of motion of the left knee, 4/5 strength and lower extremities, diminished sensation to the lateral aspect of the left knee, diminish light touch sensation bilaterally to the posterior lateral lower extremities, tenderness and spasm of the lumbar paraspinal musculature, and decreased range of motion of the lumbar spine. It has been felt by the treating physicians that the injured patient is not a candidate for surgeries of either the spine or the knee at this point. On March 5 of 2014 the patient was prescribed three different varieties of medical food to assist with absorption of her anti-inflammatories, to aid sleep and improve her overall health. A previous utilization review found that the prescription of Sentra AM, Sentra PM, Theramine, and Trepadone were not medically necessary according to the official disability guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 for left knee: 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 food.

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

Decision rationale: Sentra A.M. is a proprietary formulation of amino acids specifically choline bitartrate, L-glutamic acid, L-carnitine, ginkgo biloba, and hawthorn berry. It is designed to treat fatigue and cognitive disorders. It is considered a medical food. The MTUS guidelines do not address the use of medical foods. The Official Disability Guidelines do discuss the use of medical foods. Choline has no known medical need except for those requiring long-term parenteral nutrition or for individuals with choline deficiency. High doses may cause low blood pressure and intestinal distress. Glutamic acid is indicated only for those people suffering from conditions of low blood chloride. Sentra A.M. is therefore not medically necessary.

Sentra PM #60 for the left knee: 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 food.

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

Decision rationale: Sentra PM is a medical food intended for the use of sleep disorders associated with depression. It contains choline, glutamate, and 5-hydroxy tryptophan. While 5-hydroxy tryptophan may be useful for the induction of sleep, the injured patient in this case has no medical indication for choline or glutamic acid. Sentra PM therefore is not medically necessary.

Theramine #90 for the left knee: 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 food.

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

Decision rationale: Theramine is a medical food containing choline, L-arginine, L-serine, and gamma amino butyric acid. Per the Official Disability Guidelines, this formulation is not

recommended until higher-quality studies are available. Therefore, Theramine cannot be considered medically necessary.

Trepadone #120 for the left knee: 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 food.

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

Decision rationale: Trepadone is a medical food containing L-arginine, glutamate, choline, L-serine, and gamma amino butyric acid. It is intended for the management of joint disorders associated with pain and inflammation. Because L-arginine is not indicated for pain or inflammation, and glutamate is indicated for disorders causing low serum chloride levels, and the use of choline is reserved for those with choline deficiencies, the use of this medical food cannot be considered medically necessary.