

<b>Case Number:</b>	CM14-0044838		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/30/1994
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 injured worker is a 77-year-old female who reported an injury on 08/30/1994 due to falling off a chair. On 03/18/2014, the injured worker presented with pain to her buttock, bilateral knee, and low back. Upon examination, there was decreased bilateral tenderness and spasms over the L3-5 paraspinal muscles and left SI joint. The examination noted cervical and lumbar spine revealed decreased range of motion. Deep tendon reflexes were symmetrical in the bilateral upper and lower extremities. There was decreased sensation to pinprick along the left lateral leg. Diagnoses were osteoarthritis, generalized degenerative joint disease, stiffness of joint not elsewhere classified involving multiple sites, displacement of lumbar intervertebral discs without myelopathy, lumbosacral degenerative disc disease, lumbago, thoracolumbar neuritis or radiculitis, lumbar sprain, lumbosacral joint ligament sprain and spasm of the muscle. Current medications included Norco, Prilosec, and Vicodin. The provider recommended Theramine to help absorption of NSAID medications, Sentra PM to help with sleep and energy and to aid in the absorption of NSAID medication, Trepadone for osteoarthritis, Sentra AM to help with alertness and energy, and Ketoprofen cream to decrease the use of oral NSAIDs. The Request for Authorization form was not provided in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #90 (dosage unknown):**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. The provider recommended Theramine to help with the absorption of NSAID medication. The injured worker is not intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. Additionally, the provider does not indicate dose or frequency of Theramine in the request as submitted. As such, the request is not medically necessary.

**Sentra AM #60 (dosage unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. The provider recommended Sentra to help with the absorption of NSAID medication. The injured worker is not intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. Additionally, the provider does not indicate dose or frequency of Sentra AM in the request as submitted. As such, the request is not medically necessary.

**Sentra PM #60 (dosage unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Mental Illness & Stress.

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

**Decision rationale:** The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. The provider recommended Sentra to help with the absorption of NSAID medication. The injured worker is not intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. Additionally, the provider does not indicate dose or frequency of Sentra PM in the request as submitted. As such, the request is not medically necessary.

**Trepadone #120 (dosage unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. The provider recommended Trepadone to help with the absorption of NSAID medication. The injured worker is not intended for specific dietary management of a disease or condition for which distinctive nutritional requirements are required. Additionally, the provider does not indicate dose or frequency of Trepadone in the request as submitted. As such, the request is not medically necessary.

**Topical Ketoprofen cream 20% #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Food & Drug Administration.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California MTUS indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen, this agent is currently not FDA-approved for topical applications. The guidelines do not recommend Ketoprofen and as such, the use of the compound would not be supported. Additionally, the provider's request does not indicate the dose, frequency, or site that the Ketoprofen cream is indicated for in the request as submitted. As such, the request is not medically necessary.

