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| Case Number: | CM14-0052199 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/12/2013 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 36-year-old female was reportedly injured on September 12, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion with abduction to 80 degrees, flexion to 90 degrees, extension to 30 degrees, internal rotation to 70 degrees and external rotation to 40 degrees. There were spasms of the right trapezius and rhomboid muscles and tenderness over the cervical spine and trapezius muscles. There was also decreased range of motion of the cervical spine. Diagnostic imaging studies were not discussed during this visit. Previous treatment includes right shoulder surgery. A request had been made for Sentra AM, Sentra PM, and Theramine and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 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), Pain, Medical Food, Updated July 10, 2014.

Decision rationale: Sentra is a medical food consisting mostly of amino acids. According to the official disability guidelines the only indication for this medication is to detoxify urine and to help with cardiovascular disease. There is no indication in the attach medical records provided for review that this medication has been prescribed for these purposes. Therefore the request for Sentra PM #60 (dosage unknown) is not medically necessary and appropriate.

Theramine #90 (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, Theramine.

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, Updated July 10, 2014.

Decision rationale: Theramine is a medical food consisting mostly of choline, amino acids, and GABA. Choline is only indicated for choline deficiency, amino acids are indicated for urine detoxification in various cardiovascular disorders, and GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no indication in the attach medical record that the injured employee has any of these issues. Therefore the request for Theramine #90 (dosage unknown) is not medically necessary and appropriate.

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, 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) , Pain, Medical Food, Updated July 10, 2014.

Decision rationale: Sentra is a medical food consisting mostly of amino acids. According to the official disability guidelines the only indication for this medication is to detoxify urine and to help with cardiovascular disease. In this case, there is no indication in the attach medical record that this medication has been prescribed for these purposes. Therefore the request for Sentra AM #60 (dosage unknown) is not medically necessary and appropriate.