

<b>Case Number:</b>	CM14-0053872		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 49 year old female who reported an injury to her back and both knees. The clinical note dated 10/22/13 indicates the injured worker also complaining of abdominal pain. Upon exam, tenderness was identified upon palpation at the lumbar region. Spasms were also identified as well as range of motion limitations. Tenderness was identified upon palpation at both knees. The injured worker was identified as having a positive McMurray's sign at that time. The clinical note dated 11/19/13 indicates the injured worker also having complaints of cervical region pain. The clinical note dated 12/16/13 indicates the initial injury occurred when she was carrying a large empty box of lettuce into a cooler when she tripped over a crate of milk. The clinical note dated 02/12/14 indicates the injured worker having been recommended for acupuncture treatments. The utilization review dated 04/03/14 resulted in denials for a urine toxicology screening as well as requests for Sentra AM and Sentra PM and Theramine. The injured worker has been described as a low risk for drug misuse. Therefore, this resulted in a denial for a urine drug screen. The use of Sentra and Theramine has been determined that medical foods serve no medical purpose in reducing pain and decreasing the injured worker's functional limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 - Treatment in Workers Compensation, Pain Procedure Summary (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) Pain chapter, Medical food.

**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. There is no indication in the documentation that the patient has been diagnosed with depression or insomnia. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra AM #60 is not medically necessary and appropriate.

**Sentra PM #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 - Treatment in Workers Compensation, Pain Procedure Summary (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) Pain chapter, Medical food.

**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. There is no indication in the documentation that the patient has been diagnosed with depression or insomnia. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra PM #60 is not medically necessary and appropriate.

**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 - Treatment in Workers Compensation, Pain Procedure Summary (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) Pain chapter, Medical food.

**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. Additionally, the use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine #90 is not medically necessary and appropriate.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for a urine drug screen is non-certified. The documentation indicates the injured worker utilizing a number of medications. However, no information was submitted regarding the injured worker being at a high risk for drug misuse. Additionally, no information was submitted regarding the injured worker's ongoing aberrant behaviors. Given these factors, the request for Urine Toxicology Screen is not medically necessary and appropriate.