

Case Number:	CM14-0054071		
Date Assigned:	07/07/2014	Date of Injury:	01/25/2013
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 Texas and Oklahoma. 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 64-year-old male who reported an injury on 01/25/2013. The mechanism of injury involved a fall. The current diagnoses include lumbar spine disc degeneration and lumbar spine radiculopathy. The injured worker was evaluated on 02/05/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed an antalgic gait, tenderness with spasm in the lumbar paravertebral muscles bilaterally, positive straight leg raise bilaterally, intact sensation, and limited lumbar range of motion. Treatment recommendations included prescriptions for Theramine, Sentra AM, sentra PM, GABA done, and compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Pain Chapter, Medical food, Gamma-aminobutyric acid (GABA) and Compound Drugs.

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 Chapter, Theramine.

Decision rationale: The Official Disability Guidelines state Theramine is not recommended. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the current request. As such, the request is non-certified.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. There is no documentation of a nutritional deficit. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is non-certified.

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<Pain Chapter, Medical Food, Choline, Glutamic Acid & 5 hydroxytryptophan and Compound Drugs.

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 Chapter, Sentra PM.

Decision rationale: Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. The injured worker does not maintain a diagnosis of insomnia or depression. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is non-certified.

GABAdone #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<Pain Chapter, Medical Food, Choline, Glutamic Acid & 5 hydroxytryptophan and Gamma-aminobutyric acid (GABA) and Compound Drugs.

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 Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. There is no documentation of a nutritional deficit. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is non-certified.

Flurbi (NAP) cream (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state 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. There is no strength, frequency, or quantity listed in the current request. As such, the request is non-certified.

Gabacyclotram cream (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state 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. There is no strength, frequency, or quantity listed in the current request. As such, the request is non-certified.