MAXIMUS Federal Services

Case Number:	CM14-0058731		
Date Assigned:	07/09/2014	Date of Injury:	04/04/1993
Decision Date:	08/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Management and is licensed to practice in Gerogia. 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 claimant is a 54 year old female presenting with chronic pain following a work related injury on 4/4/93. The claimant is status post lumbar surgery and spinal cord stimulator. The claimant's medications include Norco, Lyrica, Neurontin, Sentra and Theramine. The claimant reports that the medications reduce her pain and allow her to function, do yoga and perform ADLS. The claimant's has also tried lumbar epidural steroid injections and acupuncture treatments x 6 session. The physical exam on 11/20/2013, showed pain with palpation of right greater trochanter and along midline lumbar incision with trigger point, right greater left tenderness and spasms of the L3-5 paraspinous muscles, pain with extension of the back, localizing to the lumbar facet joints, decreased range of motion of the lumbar spine, 4/5 motor strength, and decreased sensory to pin-prink along the right lateral leg and between 2nd and 3rd toe. MRI of the lumbar spine 4/26/2010, showed small annular tear, L2-4 mild thecal effacement with borderline spinal canal narrowing; L4-5 3-4mm disk osteophyte complex, moderate right nueroforaminal narrowing with mild irregularity of the right hemilamina likely due to previous surgery; L5-S1 2 mm disk osteophyte complex with moderately severe left and mild right neuroforaminal narrowing with potential for bilateral L5 nerve impingement. The claimant was diagnosed with lumbar radiculopathy, post-laminectomy syndrome, lumbar region, osteoarthritis, generalized degenerative joint disease, stiffness of joint, displacement of lumbar intervertebral disc without myelopathy, lumbosacral degenerative disc disease, lumbago, trochanteric bursitis, and sacroiliac joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM: 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 Other Medical Treatment Guideline or Medical Evidence: Sentra AM and Medical Food.

Decision rationale: According to the Official Disability Guidelines (ODG) Sentra AM is not recommended. Sentra AM is a medical food from physician therapeutics that is a proprietary blend of neurotransmitters and its precursors (choline, bitartrate, L-glutamate etc.). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Additionally, there are not high quality peer-reviewed literature that suggest that L-glutamate is indicated; there is no know medical need for this supplementation; Choline is not indicated in references for pain or inflammation; there is not an indication for the use of bitartrate as well. Therefore, the request for Sentra AM is not medically necessary and appropriate.

Sentra PM: 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) Sentra PM and Medical Foods Other Medical Treatment Guideline or Medical Evidence: Sentra PM and Medical Foods.

Decision rationale: Sentra PM is not medically necessary. Per Official Disability Guidelines (ODG) Sentra PM is not recommended. Sentra PM is a medical food from physician therapeutics that is a proprietary blend of neurotransmitters and its precursors (choline, bitartrate, L-glutamate etc.). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Additionally, there are not high quality peer-reviewed literature that suggest that L-glutamate is indicated; there is no know medical need for this supplementation; Choline is not indicated in references for pain or inflammation; there is not an indication for the use of bitartrate as well. Therefore, the request for Sentra PM is not medically necessary and appropriate.

Theramine: 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) Theramine and Medical Foods Other Medical Treatment Guideline or Medical Evidence: Theramine and Medical Foods.

Decision rationale: According to the Official Disability Guidelines (ODG) Theramine is not recommended. Theramine is a medical food from physician therapeutics that is a proprietary blend of 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. Additionally, there are not high quality peer-reviewed literature that suggest that GABA is indicated; there is no know medical need for choline supplementation; L-Arginine is not indicated in references for pain or inflammation; there is not an indication for the use of L-Serine. Therefore, the request for Theramine is not medically necessary and appropriate.