

<b>Case Number:</b>	CM14-0062805		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 & 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 68-year-old female was reportedly injured on June 20, 2008. The mechanism of injury is noted as a fall. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of right knee pain, low back pain, and neck pain. Current medications include Norco, gabapentin, and Flexeril. The physical examination demonstrated ambulation with the assistance of a cane favoring the right leg. There was decreased right shoulder range of motion as well as decreased range of motion of both the left and the right hips. There was tenderness along the cervical spine, trapezius muscles, and lumbar spine. There was decreased cervical and lumbar spine range of motion. Neurological examination revealed decreased sensation at the left anterior thigh. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes psychiatric therapy. A request had been made for Sentra a.m., Sentra PM, and Theramine and was denied in the pre-authorization process on April 29, 2014.

### 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 - TWC (Pain Procedure Summary).

**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 Foods, Updated July 10, 2014.

**Decision rationale:** Sentra AM is a medical food consisting of choline and amino acids. According to the official disability guidelines there is no indication for these agents except for choline supplementation for individuals with choline deficiency. Considering this, this request for Sentra a.m. is not medically necessary.

**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 - TWC (Pain Procedure Summary).

**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 Foods.

**Decision rationale:** Sentra PM is a medical food consisting of choline, glutamate acid and amino acids. According to the official disability guidelines there is no indication for these agents except to treat choline deficiency and for the treatment of hypochlorhydria and achlorhydria. Considering this, this request for Sentra p.m. is not medically necessary.

**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 - TWC (Pain Procedure Summary).

**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 Foods, Updated July 10, 2014.

**Decision rationale:** Theramine is a medical food consisting of choline, GABA, and amino acids. It has no indication except to treat choline deficiency, epilepsy, spasticity, and tardive dyskinesia. As such, this request for Theramine is not medically necessary.