

Case Number:	CM14-0064308		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2012
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 Internal Medicine and is licensed to practice in California. 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 51 year old female injured on 02/02/12 as a result of cumulative trauma. Diagnoses include gastroesophageal reflux disease, gastritis, H. pylori, irritable bowel syndrome, internal hemorrhoids, Barrett's esophagus, hiatal hernia, duodenitis, sigmoid diverticulitis, and sleep disorder rule out obstructive sleep apnea. Clinical note dated 01/06/14 indicated the injured worker presented complaining of continued constipation, abdominal pain or acid reflux without medication, and sleeping approximately 5 hours per night and waking 3 times per night. Documentation indicated the injured worker presented upset and appearing fatigued. Physical examination revealed 3+ suprapubic tenderness to palpation, obesity, and no hepatosplenomegaly or abdominal guarding noted. Documentation indicated diagnoses to include cephalgia, sexual dysfunction, fatty liver, orthopedic comments psychological complaints were reported to appropriate specialist. Elevated Triglycerides per June 2013 labs were also deferred to the injured worker's private physician. Documentation indicated the injured worker pending H. Pylori breath test and split sleep study with CPAP titration to rule out obstructive sleep apnea. Medications include Gaviscon, Colace, AppTrim-D, Theramine, Sentra AM, Sentra PM, Dexilant, and Miralax. Refills for medications were provided. The injured worker to return in 4 weeks for evaluation. The initial request for urine toxicology screening, App-Trim-D, Theramine, Sentra AM was initially non-certified on 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Urine drug testing (UDT); Chabel, 1997; Michna, 2004; Weaver, 2002.

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

Decision rationale: As noted on page 43 of the MTUS Chronic Pain Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. The injured worker is not utilizing opioid medication requiring routine compliance. As such, the request for Urine Toxicology Screening cannot be recommended as medically necessary.

App-Trim-D #120, two bottles: 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; AltMedDex, 2008; Clinical Pharmacology, 2008; Lexi-Comp, 2008; De Benedittis, 1985; Klarskov, 2003; Shell, 2009; CFSAN, 2008; Micromedix, 2008.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

Decision rationale: As noted in the Official Disability Guidelines, AppTrim-D is a Medical Food formulated to provide specific dietary management of obesity. AppTrim-D's ingredients include Tyrosine, Choline Bitartrate, 5-Hydroxytryptophan, Hydrolyzed Whey Protein, Histidine, Serine, Glutamic Acid, Grape Seed Extract and Cocoa. The use of herbal medicines or medical foods is not recommended. Further, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for App-Trim-D #120, two bottles is not recommended as medically necessary.

Theramine #90, two bottles: 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; Shell, 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Theramine®.

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. The use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine #90, two bottles cannot be recommended as medically necessary.

Sentra AM #60, two bottles: 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;
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sentra PM®.

Decision rationale: As noted in the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. Sentra is intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra AM #60, two bottles cannot be recommended as medically necessary.

Sentra PM #60, two bottles: 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;
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sentra PM.

Decision rationale: As noted in the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. Sentra PM 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 the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra PM #60, two bottles cannot be recommended as medically necessary.