

Case Number:	CM14-0064366		
Date Assigned:	07/11/2014	Date of Injury:	09/22/2003
Decision Date:	09/08/2014	UR Denial Date:	04/19/2014
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 Occupational 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 claimant was described as a 49-year-old male injured back in the year 2003, now 11 years ago. The patient reported low back pain that radiated to the right leg more than the left. Pain was also reported in the right tailbone and the posterior thigh, and it was rated 3 to 5 out of 10. He had a flare-up two days prior. The pain was constant. Flexeril and H wave help to reduce the acute muscle spasm. Anaprox helps reduce the pain of the flare-up and topical ointments after the H wave helps. The gait is appropriate. The medicines were cited as Norco, Flexeril, gabapentin and Anaprox. The office visit from May 20, 2014 noted that the Sprix helps the acute pain and helps the claimant to avoid emergency room visits. The doctor also prescribed the Theramine to help absorption of non-steroidal anti-medicine, Sentra PM twice a day to help with sleeping energy and finally, Sentra AM twice a day to help with alertness and energy. He assigned permanent work restrictions to avoid lifting no more than 25 pounds and to avoid repetitive back motion and activities. There was a progress note from June 17, 2014 noting that he works as a property manager. He continues to have tailbone and back pain. There was a recent flare-up when he returned to work. With the current medicines, he is reportedly able to do his jobs which involve painting and electrical work. The doctor refilled for the medicines and instructed the patient on a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 41-42 of 127 Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses are better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Moreover, long term use simply is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

Sprix NS #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 72 of 127 Page(s): 72 of 127.

Decision rationale: The MTUS notes that regardless of form, Ketorolac (generic Toradol) is not indicated for minor or chronic painful conditions. Sprix is simply an intranasal form of Ketorolac, a medicine which the MTUS does not support for this claimant's clinical situation. Even if it were supported, the advantage of intranasal over simple oral non-steroidal anti-inflammatory medicines is not clinically clear. This claimant has a chronic painful condition, which is not supported for Ketorolac usage. The request for the Sprix, or nasal Ketorolac is not medically necessary under MTUS review.

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 (chronic).

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

Decision rationale: The ODG notes under Medical Foods that Theramine is not recommended. It notes that 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. The components are not supported. The guides note there is no

high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." The request 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, Pain (Chronic).

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

Decision rationale: Sentra PM contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The patient does not meet this criterion. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. This request is not medically necessary.

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, Pain (chronic).

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

Decision rationale: Sentra AM also contains Choline and other agents in a proprietary formula. There again is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This claimant has no evidence of such conditions. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is no evidence this claimant had a deficiency in these and other components of Sentra AM. The request is not medically necessary.