MAXIMUS Federal Services

Case Number:	CM14-0064630		
Date Assigned:	07/11/2014	Date of Injury:	04/03/2008
Decision Date:	09/24/2014	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, Pulmonary Diseases 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 59-year-old male who reported an injury on 04/03/2008. The mechanism of injury was a fall. His diagnoses include cervical pain with radiculitis, bilateral shoulder pain, anterior chest/sternum pain, thoracic spine pain, lumbosacral pain with sciatica, and bilateral knee pain. His past treatments were noted to include 2 left shoulder surgeries, medications, and use of elbow braces, physical therapy, cortisone injections, activity modification, and home exercises. On 03/11/2014, the injured worker was seen for a followup and reported no change in his sleep quality, indicating that he averaged 3 to 4 hours of sleep per night and woke 5 to 6 times per night. He also denied change in his irritable bowel and gastro esophageal reflux symptoms, and noted worsening of his anxiety and depression. His medications were noted to include Crestor, Procardia XL, Bystolic, Dexilant, Amitiza, Sentra AM, Sentra PM, and Theratramadol. A recommendation was made for the injured worker to have an evaluation by an ophthalmologist and an urologist; adherence to a low fat, low acid, and low sodium diet; and adherence to a course of sleep hygiene, as well as followup with a private medical doctor. A request was received for retrospective Sentra AM, Sentra PM, and Theratramadol, prescribed on 03/11/2014. However, a clear rationale for these requests and the formal Request for Authorization form were not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 3/11/14: Sentra AM, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://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, Medical food.

Decision rationale: According to the Official Disability Guidelines, 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. Sentra AM is noted to include choline and acetylcarnitine. The injured worker was noted to have chronic pain, as well as issues with sleep, anxiety, and depression. However, he was not shown to have been treated with long term parenteral nutrition or to have choline deficiency secondary to liver deficiency. Therefore, use of Sentra AM is not supported by the guidelines for this injured worker. Additionally, the request failed to provide a frequency of use. As such, the retrospective request for Sentra AM, #60, DOS 3/11/14 is not medically necessary and appropriate.

Retrospective DOS: 3/11/14: 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 (ODG)-Medications Chapter Sentra PM, Medical Food.

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 food & Sentra PMâ¿¢.

Decision rationale: According to the Official Disability Guidelines, Sentra PM is a medical food intended for use in management of sleep disorders associated with depression, and is a proprietary blend of choline bitartrate, glutamate, and 5 hydroxy tryptophan. The guidelines specify that choline is not supported except in cases of long term parenteral nutrition or choline deficiency secondary to liver deficiency. In addition, glutamic acid is not supported, except in the treatment of hypochlorhydria and achlorhydria. The supplement 5 hydroxy tryptophan has been found to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders, as well as depression. The injured worker was noted to have issues with chronic pain, anxiety and depression, and sleep. However, he was not shown to have been treated with long term parenteral nutrition, or to have choline deficiency secondary to liver deficiency. Additionally, he was not shown to have hypochlorhydria or achlorhydria. Therefore, use of choline and glutamic acid are not supported. As Sentra PM contains these 2 ingredients, it is also not supported. In addition, the request failed to provide a frequency of use. For the reasons noted above, the retrospective request for Sentra PM, #60 DOS: 3/11/14 is not medically necessary and appropriate.

Retrospective DOS: 3/11/14: Theratramadol 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 (ODG)-Pain Chapter Theramine and Medical Food.

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

Decision rationale: According to the Official Disability Guidelines, Theramine is not recommended. The guidelines specify that it is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. However, it contains GABA, and there is no high quality peer reviewed literature to suggest that GABA is appropriate in the treatment of these conditions. As the main ingredient in Theramine is not supported, Theramine is also not supported. Therefore, the requested medication Theratramadol, which contains Theramine, is also not medically necessary. For the reasons noted above, the retrospective request for Theratramadol 60 DOS: 3/11/14 is not medically necessary and appropriate.