

Case Number:	CM14-0068709		
Date Assigned:	07/14/2014	Date of Injury:	04/10/2003
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 48 year old female who was injured on 04/10/2003 sustaining chronic low back pain and mental illness. The mechanism of injury is unspecified. Diagnoses include failed back syndrome, lumbar radiculopathy, anxiety dissociative and somatiform disorders and muscle spasm. The injured worker has had 2 previous lumbar surgeries in 2004 and 2005. The injured worker continues to follow up at the pain management and psychiatric clinic. Clinical note dated 03/18/14 indicated the injured worker came for a psychiatric follow up visit. Abilify was reduced as she was doing well. Clinical note indicated that the injured worker will continue with the present medication regimen that included Cymbalta 60 mg tab, Abilify 5mg tab, and Xanax 0.5 mg tab. Clinical note dated 04/10/14 indicated the injured worker is alert, oriented with memory intact. Clinical note date 04/29/14 indicated the injured worker complains of persistent knee pain and low back pain radiating to bilateral lower extremities (left greater than right). The patient had also indicated that she had fallen 3 weeks ago when her left leg "gave out" as she was walking. Pain was rated as 5/10 with medication, and 8-9/10 without medication. Physical examination revealed tenderness and spasms on the L3 paraspinous muscles on the right side, decreased range of motion in the lumbar spine area, weakness on the left halluces longus, and spasms of the left paraspinous muscle. There was decreased sensory on the right leg, and positive allodynia. Plan of management included MS Contin 100mg twice a day, Norco 10/325mg twice a day, Neurontin 800 mg twice a day, and prescribed medical foods, Theramine three times a day to help absorption of non-steroidal anti-inflammatory drug and other meds, to avoid giving more medications and Sentra PM twice a day to help with sleep and energy. Clinical note dated 06/19/14 indicated the injured worker complains of low back pain radiating down to the left foot, and has numbness on the right thigh. Clinical note indicated that with medications, the injured worker was able to walk and take care of her mother, but has difficulty

getting up and down. Pain level was 4-5/10 with medication and 8-9/10 without medication. Physical examination is unchanged from previous visit. Plan of management remained the same. The previous request for Theramine, and Sentra AM/PM were not certified on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 - medical foods.

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 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-amino butyric acid and choline bitartrate, L-arginine and L-serine, intended for use in the management of pain syndromes that include acute pain, chronic pain, neuropathic pain and inflammatory pain. However, there are no high quality studies available to support the use of Theramine. Additionally, the use of herbal medicines or medical foods is not recommended. There is also no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the 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 - medical foods.

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 the use of herbal medicines or medical foods is not recommended. Sentra is a medical food intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. However, there is no indication in the documentation that the patient has been diagnosed with depression or insomnia. There is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, 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 - medical foods.

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 the use of herbal medicines or medical foods is not recommended. Sentra is a medical food intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. However, there is no indication in the documentation that the patient has been diagnosed with depression or insomnia. There is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request is not medically necessary.