

<b>Case Number:</b>	CM14-0072740		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and 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 injured worker is a 57-year-old gentleman who was reportedly injured on July 20, 2010. The mechanism of injury is noted as picking up a heavy box of tile. The most recent progress note dated December 4, 2013, indicates that there are ongoing complaints of low back pain and left leg pain. Current medications include Norco, Flexeril, Terocin lotion, Ambien, Sentra PM and Theramine. Pain was rated at 7/10 without medications and 5-6/10 with medications. The physical examination demonstrated decreased lumbar spine range of motion. There was decreased sensation on the left side at the L4, L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for Terocin lotion, Theramine, and Sentra PM and was non-certified 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:

**Terocin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Terocin lotion is not medically necessary.

**Theramine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 blend of Choline Bitartrate, L-Arginine, L- Histidine, L- Glutamine, L-Serine, GABA, griffonia seed, whey protein, grape seed extract, ginkgo biloba, cinnamon and cocoa. It is only indicated for the treatment of epilepsy, spasticity, and tardive dyskinesia and the amino acids are only indicated for the detoxification of urine. Considering this, the request for Theramine is not medically necessary.

**Sentra PM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 PM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, 5-hydroxytryptophan, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); stimulator of precursor uptake (ginkgo biloba); polyphenolic antioxidants (cocoa powder, grape seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). Amongst these ingredients, choline is only indicated for choline deficiency, and the amino acids are only indicated for the detoxification of urine. Considering this, this request for Sentra PM is not medically necessary.