

<b>Case Number:</b>	CM14-0080246		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 & Rehabilitation 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 55-year-old woman who reported an injury on 03/14/2013. The mechanism of injury was not provided for clinical review. The diagnoses include left knee meniscal tear and status post left knee surgery. The previous treatments included medication, interferential unit, and physical therapy. The diagnostic testing included x-rays, surgery, and an MRI. Within the clinical note dated 02/05/2014, it was reported the injured worker complained of constant sharp left knee pain, which radiated to the front of the shin of the left leg. She complained of swelling, grinding, and popping. The injured worker reported pain symptoms increased with getting in and out of bed, and ascending stairs. Upon the physical examination, the provider noted the range of motion of the knees was flexion at 150 degrees on the right, 140 degrees on the left, and extension at 5 degrees on the right and 1 degree on the left. The provider noted there was no palpable tenderness in the pes anserinus region. The injured worker had a negative McMurray's test. The provider requested a TENS unit, Theramine, Sentra AM, Sentra PM, GABAdone, and Trepadone. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Tens unit and supplies (rental or purchase): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is evidence that other appropriate pain modalities have been tried, including medication, and failed. There is lack of documentation indicating significant deficits upon a physical examination. There is lack of documentation indicating the injured worker had an adequate trial of the TENS unit. The treatment site was not provided in the request submitted. Therefore, the request is not medically necessary.

**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-Treatment for Worker's compensation, Pain Procedure Summary last updated 04/10/2014.

**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.

**Decision rationale:** The Official Disability Guidelines do not recommend the use of Theramine, a medical food drug. The guidelines note it is intended for the use of management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity and the dosage of the medication. Additionally, the guidelines do not recommend the use of Theramine. Therefore, 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-Treatment for Worker's Compensation, last updated 04/10/2014.

**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.

**Decision rationale:** The Official Disability Guidelines note that Sentra is a medical food intended for the use of managing of sleep disorders associated with depression that is a proprietary blend of choline barbiturate and glutamate. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement.

The request submitted failed to provide the frequency and the dosage of the medication. Therefore, 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-Treatment for Worker's Compensation, last updated 04/10/2014.

**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.

**Decision rationale:** The Official Disability Guidelines note that Sentra is a medical food intended for the use of managing of sleep disorders associated with depression that is a proprietary blend of choline barbiturate and glutamate. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Therefore, the request is not medically necessary.

**GABAdone #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-Treatment for Worker's Compensation, last updated 04/10/2014.

**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.

**Decision rationale:** The Official Disability Guidelines do not recommend the use of GABAdone in medical food, it is intended to meet nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Additionally, the guidelines do not recommend the use of GABAdone. Therefore, the request is not medically necessary.

**Trepadone #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-Treatment for Worker's Compensation, last updated 04/10/2014.

**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.

**Decision rationale:** The California MTUS Guidelines note Trepadone is a medical food and it is intended for the use in management of joint disorders associated with pain and inflammation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and the dosage of the medication. Additionally, there is lack of documentation indicating the injured worker is treated for the management of joint disorders associated with painful inflammation. Therefore, the request is not medically necessary.