

Case Number:	CM14-0086145		
Date Assigned:	07/23/2014	Date of Injury:	09/14/2005
Decision Date:	10/20/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 58-year-old male who was reportedly injured on 09/14/2005. The most recent progress note dated 03/11/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine had positive tenderness to palpation. Spinal muscles at L3-L5 were with spasms. There was decreased range of motion. Pain was with palpation of the SI joints. Positive FABER's sign was on the left. Pain was with extension and localizing to the lumbar facet joints. There was also pain with SI compression. Decreased sensation was noted along the left lateral leg. Positive sciatica was on the right. Positive straight leg raise was noted on the left. No present diagnostic studies are available for review. Previous treatment included lumbar fusion, medications, and conservative treatment. A request was made for retro Sentra AM, retro Sentra PM and retro Theramine and was not certified in the pre-authorization process on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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 (ODG), Pain Chapter, medical food section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

Decision rationale: Sentra AM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); 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). According to ODG guidelines, this medication, which is used to treat chronic pain and generalized fatigue, is not recommended for treatment. Therefore, this request is deemed not medically necessary.

Retrospective Sentra PM #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 (ODG), Pain Chapter, medical food section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

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). After review of the medical records provided as well as the guidelines, this medication is not recommended for treatment at this time.

Retrospective 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 (ODG), Pain Chapter, medical food section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

Decision rationale: Theramine is a blend of choline bitartrae, L-Arginine, L-Histadine, L-Glutamine, L-Serine, GABA, giffonia seed, whey protein, grape seed extract, ginkgo biloba, cinnamon and cocoa. It is a regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. After review of the medical records provided as well as treatment guidelines, this medication is not recommended for the treatment of chronic pain. Therefore, this request is deemed not medically necessary.