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| Case Number: | CM14-0090172 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/13/2002 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 Occupational 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on March 13, 2002. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The injured employee needed his pain stimulator programmed. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness and spasms over the left gluteal and paraspinous muscles. There was decreased range of motion of the lumbar spine and a positive left-sided straight leg raise test. There were decreased deep tendon reflexes of the lower extremities and decreased sensation at the lateral aspect of the right and left legs. Diagnostic nerve conduction studies dated April 23, 2009 revealed a chronic bilateral L5 and S1 radiculopathy. Previous treatment includes the use of a spinal cord stimulator and oral medications. A request had been made for Subsys, Theramine, Sentra PM, and Sentra a.m. The request was denied in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subsys 600MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 47, 93 of 127).

Decision rationale: The California MTUS Guidelines support long-acting opiates such as Subsys (Fentanyl) in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. As such, this request for Subsys is not medically necessary.

Theramine #90Strength not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. According to the official disability guidelines there is no indication for Theramine in the treatment of chronic pain. As such this request is not medically necessary.

Sentra PM #60Strength not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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). According to the official disability guidelines there is no indication for Sentra PM in the treatment of low back pain. As such, this request for center PM is not medically necessary.

Sentra AM #60Strength not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 the official disability guidelines, Sentra a.m. is not indicated in the treatment of low back pain. As such, this request for Sentra a.m. is not medically necessary.