

Case Number:	CM14-0091202		
Date Assigned:	07/25/2014	Date of Injury:	07/21/1998
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
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 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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on July 21, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated the 19th 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness from L4 through L5 and at the SI (sacroiliac) joints. There was decreased sensation of the right anterior lateral thigh and knee. Diagnostic nerve conduction studies indicated a chronic right-sided L5 radiculopathy. An MRI (magnetic resonance imaging) of the lumbar spine revealed the previous fusion from L4 through S1 with a small disc protrusion contacting the left sided L5 nerve root. Previous treatment includes a lumbar spine discectomy followed by a lumbar spine fusion at L4 - L5, the use of an H wave unit, and oral medications. A request had been made for Sentra AM, Sentra PM, Theramine, and Trepadone and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain chapter.

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 September 10, 2014.

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 these agents have no indication for the treatment of low back pain. Therefore, the request 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 ODG-TWC, Pain chapter.

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 September 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). According to the Official Disability Guidelines these agents have no indication for the treatment of low back pain. Therefore, the request 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 ODG-TWC, Pain chapter.

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 September 10, 2014.

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, these agents have no indication for the treatment of low back pain. Therefore, the request is not medically necessary.

Trepadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain chapter.

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 September 10, 2014.

Decision rationale: Treadone is a proprietary blend of a neurotransmitter precursor (L-histidine) and a neurotransmitter (gamma-amino butyric acid [GABA]); polyphenolic antioxidants (grape seed extract, cocoa); anti-inflammatory compounds (omega-3 fatty acids, bromelain and histidine); immunomodulatory peptides (whey protein hydrolysate); precursors of functional components of joint connective tissue (glucosamine and chondroitin sulfate); and an adenosine antagonist (cocoa powder). According to the Official Disability Guidelines, these agents have no indication for the treatment of low back pain. Therefore, the request is not medically necessary.