

Case Number:	CM14-0092651		
Date Assigned:	07/25/2014	Date of Injury:	01/02/2011
Decision Date:	09/30/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 female with reported injury of pain in neck, trunk, upper extremities, and back as a result of repetitive activities such as excessive typing and filing on 01/02/11. Diagnoses included carpal tunnel syndrome, cervical disc syndrome without myelopathy, and cervical degeneration of disc, cervical sprain, and thoracic sprain. Clinical note dated 01/16/14, indicated the injured worker presented complaining of neck pain, upper back/mid back/low back pain, upper extremities pain, and neurological symptoms including numbness and tingling/weakening in the arms, hands, legs, and feet; also complained of depression, anxiety, and sleeping difficulty due to chronic pain. Physical examination revealed 3+ tenderness to palpation of the thoracic spine and lumbar spine; limited range of motion due to pain in all planes of thoracic spine; straight leg raise positive; and moderately limited range of motion of bilateral wrists due to pain. The injured worker was recommended MRI of the cervical spine and lumbar spine, electromyography and nerve conduction velocity (EMG/NCV) of bilateral upper extremities and lower extremities, acupuncture treatment, transcutaneous electrical nerve stimulation (TENS) unit, functional capacity evaluation, psychological evaluation, and referral for consultation for medication management. List of medications was not provided for review. The initial request for GABADone, Sentra AM, and Theramine was noncertified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 60 GABADONE: 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) Official Disability Guidelines (ODG) Pain (Chronic), GABA done.

Decision rationale: As noted in the Official Disability Guidelines, GABA done is not recommended. GABA done is a medical food that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5 Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. Additionally, the use of herbal medicines or medical foods is not recommended. Further, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for retrospective request for GABA done quantity sixty is not medically necessary.

RETROSPECTIVE REQUEST FOR SENTRA AM: 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 (Chronic), Sentra PM.

Decision rationale: As noted in the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. Sentra is intended for use in management of sleep disorders associated with depression. There is no indication in the documentation that the injured worker has been diagnosed with depression or insomnia. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food or herbal use. As such, the retrospective request for Sentra AM is not medically necessary.

RETROSPECTIVE REQUEST FOR 180 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Theramine.

Decision rationale: As noted in the Official Disability Guidelines, Theramine is not recommended for use in chronic pain management. Theramine is a medical food that is a

proprietary blend of gamma aminobutyric acid [GABA] and choline bitartrate, L arginine, and L serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There are no high quality studies that support the use of Theramine. The use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the retrospective request for Theramine 180 quantity ninety is not medically necessary.