

Case Number:	CM14-0185938		
Date Assigned:	12/04/2014	Date of Injury:	07/24/2008
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of July 24, 2008. A Utilization Review dated October 27, 2014 recommended non-certification of 30 tablets of Fluoxetine 30 mg between 5/28/2014 and 5/28/2014, 60 tablets, 60 tablets of Gabadone between 5/28/2014 and 5/28/2014, 60 tablets of Sentra AM between 5/28/2014 and 5/28/2014, and 90 tablets of Theramine between 5/28/2014 and 5/28/2014. The most recent Progress Report dated December 22, 2013 identifies Subjective Complaints of trouble sleeping. He reported that he is sleeping 3 hours per night and is feeling depressed. Psychosocial complaints identify depressed mood, sleeplessness, fatigue, and anxiety/nervousness. Examination identifies blunted affect as well as evident fatigue and physical discomfort. Diagnoses identify depressive disorder. Treatment Plan identifies Sentra, Gaboxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20 mg #30: 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: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107 of 127.

Decision rationale: Regarding the request for Fluoxetine, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current fluoxetine treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Fluoxetine is not medically necessary.

Gabadone #60 (unspecified strength): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Medical food

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

Decision rationale: Regarding the request for GABAdone, a search of the Internet indicates that GABAdone is a medical food. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested GABAdone is not medically necessary.

Sentra AM #60 (unspecified strength): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-insomnia treatment

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 food

Decision rationale: Regarding the request for Sentra AM, California MTUS does not address the issue. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid is used for treatment of hypochlorhydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short

bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Within the documentation available for review, there is no documentation of a condition for which the components of Sentra AM would be supported. In the absence of such documentation, the currently requested Sentra AM is not medically necessary.

Theramine #90 (unspecified strength): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Theramine

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

Decision rationale: Regarding the request for Theramine, California MTUS and ACOEM Guidelines do not contain criteria for the use of medical foods. ODG states Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As such, the currently requested Theramine is not medically necessary.