

Case Number:	CM14-0057352		
Date Assigned:	03/19/2015	Date of Injury:	04/22/2002
Decision Date:	04/22/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 68 year old female sustained a work related injury on 04/22/2002. According to a progress report dated 01/21/2015, the injured worker complained of ongoing back pain. Past medical history included hypertension. Surgical history included a hysterectomy. Current medications included Gabapentin. The injured worker had a scuffle gait and antalgic forward tilt. There was a loss of range of motion of the back. She had degenerative joint disease and it was gravely exemplified in the form of spondylosis. Diagnoses included instable spondylolisthesis and lumbosacral sprain, strain radiculopathy. Treatment plan included Norco and Gabapentin. On 03/27/2014, Utilization Review non-certified Sentra AM #60, Theramine #120, Trepadone #120 and MS Contin 100mg #90. According to the Utilization Review in regards to Sentra, there were no patient indications that this medical food is a necessary part of the treatment regimen, nor do any of the aforementioned conditions for use of the medical food components pertain to the patient's diagnosis. Official Disability Guidelines was referenced for this request. In regard to Theramine, it would not be safe to recommend this product based on the lacking guideline support for efficacy and safety regarding the ingredients. Official Disability Guidelines were referenced. In regard to Trepadone, it would not be safe to recommend this product based on the lacking guideline support for efficacy and safety regarding the ingredients. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, (Chronic).

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

Decision rationale: MTUS guidelines do not comment on the use of Sentra. ODG states that Sentra is not recommended. Sentra AM is a medical food from Targeted Medical intended for use in management of fatigue and cognitive disorders. It is a proprietary blend of Choline Bitartrate, Cocoa Extract, L-Glutamic Acid, Acetyl L-Carnitine, Dextrose, Ginkgo Biloba, and Hawthorn Berry. See Medical food, Choline & Glutamic Acid. This request is not medically necessary and appropriate at this time.

Theramine #120: 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, (Chronic).

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

Decision rationale: MTUS guidelines do not comment on the use of Theramine. ODG states that Theramine is not recommended for the treatment of chronic pain. See Medical food. Under this entry discussions of the various components of this product are given. The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA are given and all indicate there is no role for these supplements as treatment for chronic pain. This request is not medically necessary and appropriate at this time.

Trepadone #120: 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, (Chronic).

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

Decision rationale: MTUS guidelines do not comment on the use of Trepadone. ODG states that Trepadone is not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. There is insufficient evidence to support use for osteoarthritis or for neuropathic pain. This request is not medically necessary and appropriate at this time.

MS Contin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management, Opioids, specific drug list Page(s): 78, 93.

Decision rationale: According to MTUS guidelines morphine controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. There was no notation that the IW could not tolerate other medications and that they did not manage her pain. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.