

Case Number:	CM15-0003434		
Date Assigned:	03/10/2015	Date of Injury:	05/01/2012
Decision Date:	04/14/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 35-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 1, 2012. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve request for several dietary supplements. The claims administrator referenced an RFA form dated November 19, 2014, in its determination. The claims administrator did not seemingly incorporate any guidelines into the reported rationale. The applicant's attorney subsequently appealed. In an RFA form dated November 19, 2014, GABAdone, Sentra AM, Sentra PM, and Threamine were endorsed. In an associated progress note dated November 20, 2014, the applicant reported multifocal complaints of shoulder pain, elbow pain, and wrist pain. MRI imaging of shoulder and wrist corticosteroid injections were proposed. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work, it was incidentally noted. The applicant's work status, however, was not clearly outlined. The applicant's medication list was not furnished. The attending provider did not furnish any rationale for the dietary supplement at issue. On October 27, 2014 the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, and wrist pain. The applicant also reported ancillary psychiatric issues. The applicant was using Threamine, GABAdone, Sentra, and Tylenol No. 3, the treating provider acknowledged. The applicant was, once again, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone dosage and frequency and duration unspecified QTY: 60.00: 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 ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments.

Decision rationale: No, the request for GABAdone, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as GABAdone are not recommended in the treatment of chronic pain as it has not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, the applicant did not furnish any clear or compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on article at issue. Therefore, the request was not medically necessary.

Sentra AM dosage frequency and duration not specified QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physician Reference Desk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments.

Decision rationale: Similarly, the request for Sentra AM, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits in the treatment of the same. As with the preceding request, the attending provider failed to furnish any clear or compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

Sentra PM dosage and frequency and duration unspecified QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physician Reference Desk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments.

Decision rationale: Similarly, the request for Sentra PM, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Sentra PM is not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in treatment of the same as the preceding request. The attending provider did not furnish any clear or compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on the article at issue. It is further noted that request for Sentra represented a renewal request for the same and that the applicant had, moreover, failed to profit from previous usage of the same. The applicant remained off of work, on total temporary disability. Ongoing, multifocal pain complaints persisted, despite ongoing usage of Sentra PM. Ongoing usage of Sentra failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Sentra. Therefore, the request was not medically necessary.

Theramine dosage frequency and duration not specified QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physician Reference Desk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments.

Decision rationale: Finally, the request for Threamine, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to have meaningful benefits in the treatment of the same. As with the preceding request, the attending provider failed to furnish any clear or compelling applicant-specific rationale or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.