

Case Number:	CM15-0108375		
Date Assigned:	06/15/2015	Date of Injury:	09/11/2010
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: 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:

The injured worker was a 49 year old female, who sustained an industrial injury, September 11, 2010. The injured worker previously received the following treatments sleep study confirmed diagnosis of sleep apnea, Dexilant Ranitidine, Gaviscon, Citrucel, Probiotics, Bentyl, Voltaren gel, Theramine, Sentra AM, Sentra PM and Trepadone. The injured worker was diagnosed with GERD (gastroesophageal reflux disease), sleep apnea and sleep disorder. According to progress note of April 22, 2015, the injured workers chief complaint was poor quality of sleep and stress. The injured worker was sleeping 4-5 hours at night. The injured worker was also complaining of increased epigastric tenderness with occasional nausea. The injured worker was encouraged to follow a low acid and low fat diet. The injured worker was also encouraged to follow a course of sleep hygiene. The treatment plan included prescriptions for Theramine, Sentra AM and PM and Trepadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Theramine is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working medical diagnoses are gastroesophageal reflux disease (worsened due to meds); and sleep disorder (worsened). Subjectively, the injured worker complains of unchanged acid reflux and sleep quality. Objectively, there is 1+ epigastric tenderness. Theramine is a medical food. Medical foods are not recommended. Consequently, absent guideline recommendations for medical foods, Theramine is not medically necessary.

Sentra AM/PM: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra AM/PM is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working medical diagnoses are gastroesophageal reflux disease (worsened due to meds); and sleep disorder (worsened). Subjectively, the injured worker complains of unchanged acid reflux and sleep quality. Objectively, there is 1+ epigastric tenderness. Sentra AM/PM is a medical food. Medical foods are not recommended. Consequently, absent guideline recommendations for medical foods, Sentra AM/PM 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 Official Disability Guidelines: Medical Foods.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Trepadone is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the

guidelines for additional details. In this case, the injured worker's working medical diagnoses are gastroesophageal reflux disease (worsened due to meds); and sleep disorder (worsened). Subjectively, the injured worker complains of unchanged acid reflux and sleep quality. Objectively, there is 1+ epigastric tenderness. Trepadone is a medical food. Medical foods are not recommended. Consequently, absent guideline recommendations for medical foods, Trepadone is not medically necessary.