

<b>Case Number:</b>	CM15-0135650		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/03/2007
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 3, 2007. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for a variety of dietary supplements, including Sentra, Theramine, and Gabadone, reportedly prescribed and/or dispensed on or around April 8, 2015. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported 6 to 7/10 low back pain complaints, with radiation of pain to bilateral lower extremities, 8 to 9/10 without medications versus 6/10 with medications. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Refills of Theramine, Norco, Ambien, Sentra AM, Sentra PM, and GABAdone were endorsed, along with several topical compounded agents. The applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 4/8/15) 60 Tablets of 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 (ODG), 2015, Pain, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

**Decision rationale:** No, the request for Sentra AM, 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 are not recommended in the treatment of chronic pain as there is "no evidence" of their efficacy. Here, the attending provider failed to furnish a clear or compelling rationale for provision of Sentra AM in the face of the unfavorable ACOEM position on dietary supplements. Therefore, the request was not medically necessary.

**Retrospective (DOS: 4/8/15) 60 Tablets of Sentra 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 (ODG), 2015, Pain, Sentra PM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd edition, Chronic Pain, pg. 926.

**Decision rationale:** Similarly, the request for another dietary supplement, Sentra PM, 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 are not recommended in the treatment of chronic pain as there is "no evidence" of their efficacy. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for provision of Sentra PM in the face of the unfavorable ACOEM position on same. Therefore, the request was not medically necessary.

**Retrospective (DOS: 4/8/15) 180 Tablets of 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 (ODG), 2015, Pain, Theramine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

**Decision rationale:** Similarly, the request for Theramine, a third 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 chronic pain context

present here as there is "no evidence" of their efficacy. Here, as with the preceding requests, the attending provider failed to furnish a clear or compelling rationale for provision of Theramine, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Retrospective (DOS: 4/8/15) 60 Tablets of 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 (ODG), 2015, Pain, Gabadone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

**Decision rationale:** Finally, the request for GABAdone, 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 GABAdone are "not recommended" in the chronic pain context present here as there is "no evidence" of their efficacy. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for usage of GABAdone, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.