

Case Number:	CM15-0022214		
Date Assigned:	02/11/2015	Date of Injury:	08/28/2009
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 injured worker is a 56 year old male, who sustained an industrial injury on 8/28/09. He has reported back injury with repetitious bending working as a shipping clerk. The diagnoses have included displacement of thoracic vertebrae without myelopathy and displacement of lumbar disc without myelopathy. Treatment to date has included medications, diagnostics and acupuncture 4 sessions. Currently, the injured worker complains of low back pain rated 7/10 with burning sensation and pain increases with walking. The treatments and medications were helping. Physical exam revealed tenderness to the left lumbar region and positive left straight leg raise. There were spasms and decreased range of motion in the thoracic and lumbar spine. He also complained of insomnia and fatigue. The current medications were Theramine, Sentra PM, Sentra AM, Gabadone, Tramadol, Anaprox, Prilosec, Flexeril and topical analgesics. Work status was modified. On 1/21/15 Utilization Review non-certified a request for Gabadone #60, Sentra AM #60 and Sentra PM #60, noting that evidenced based guidelines generally do not recommend the use of medical foods as there is lack of literature to support several components of these supplements including choline and gamma-aminobutyric acid. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60: 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 Official Disability Guidelines (ODG); pain; medical food.

Decision rationale: Gabadone is a medical food. MTUS is silent on this topic. Official Disability Guidelines state the following regarding medical foods: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Therefore, the request for Gabadone is not medically necessary.

Sentra AM #60: 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 Official Disability Guidelines; pain; medical food.

Decision rationale: Sentra is a medical food. MTUS is silent on this topic. Official Disability Guidelines state the following regarding medical foods: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Therefore, the request for Sentra AM is not medically necessary.

Sentra PM #60: 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 Official Disability Guidelines; pain; medical food.

Decision rationale: Sentra is a medical food. MTUS is silent on this topic. Official Disability Guidelines state the following regarding medical foods: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Therefore, the request for Sentra PM is not medically necessary.