

Case Number:	CM15-0033685		
Date Assigned:	02/27/2015	Date of Injury:	01/29/2007
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male who sustained an industrial injury on 01/29/2007. Diagnoses include insomnia related to (Other Axis I condition), depression, cervical disc degeneration, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, and lumbar or lumbosacral disc degeneration. Treatment to date has included medications, physical therapy, SCS implants, and trigger point inactions. A physician progress note dated 12/12/2014 documents the injured worker complains of lower back pain, neck pain and right shoulder pain. His pain is unchanged and is severe and disabling. He is depressed and has sleeplessness. Treatment requested is for Ambien 10 mg #30, Gabadone for sleep, Sentra AM, and Sentra PM for sleep. On 01/28/2015 Utilization Review non-certified the request for Ambien 10mg #30 and cited was Official Disability Guidelines. The request for Sentra AM and Sentra PM are not certified and cited was Official Disability Guidelines. Gabadone is non-certified and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien).

Decision rationale: Ambien 10mg #30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation indicates the patient has been on this medication since Sept. 2014. The ODG does not recommend this medication long term. The request for Ambien 10mg is not medically necessary.

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), Medical Food.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food.

Decision rationale: Sentra AM is not medically necessary per the updated ACOEM Guidelines and the ODG. The ODG guidelines state that Sentra AM is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The updated ACOEM Guidelines and the ODG both state that 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. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra also does not specify a quantity. For all of the aforementioned reasons is not medically necessary.

Sentra PM for sleep: 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), Medical Food.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc.,

page 135. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food.

Decision rationale: Sentra PM is not medically necessary per the updated ACOEM Guidelines and the ODG. The ODG guidelines state that Sentra AM is a medical food, intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The updated ACOEM Guidelines and the ODG both state that 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. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Sentra furthermore does not indicate a quantity. For all of these reasons Sentra is not medically necessary.

Gabadone for sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food.

Decision rationale: Gabadone for sleep is not medically necessary per the updated ACOEM Guidelines and the ODG. The ODG states that Gabadone is not recommended. GABAdone is a medical food that is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. It is intended to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. The updated ACOEM Guidelines and the ODG both state that 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. The documentation does not reveal any nutritional deficiency or extenuating reasons to go against the recommended medical guidelines. The request for Gabadone furthermore does not indicate a quantity. For all of these reasons Gabadone is not medically necessary.