

<b>Case Number:</b>	CM15-0041654		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	04/23/1998
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 is a 55-year-old female, who sustained an industrial injury on April 23, 1998. She reported neck pain, left shoulder pain, bilateral wrist pain and hand pain. The injured worker was diagnosed as having abdominal pain, acid reflux, rule out ulcer/anatomical alteration, constipation, hypertension, and sleep disorder, psychiatric diagnosis and status post-surgical intervention of the shoulders, neck and hands. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, conservative therapies, medications and work restrictions. Currently, the injured worker complains of neck pain, visual disturbances, bilateral wrist pain, hand pain, depression, anxiety, stomach upset and loss of sex drive secondary to the orthopedic pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain and symptoms; she has been treated conservatively and surgically without resolution of the pain. Evaluation on October 2, 2014, revealed stomach pain and bright red blood per rectum. She was noted to have gastrointestinal upset in the past secondary to pain medications and had been treated with a pill to protect the stomach. Evaluation on November 17, 2014, revealed continued complaints of visual disturbances including blurred vision and floaters. Evaluation on December 3, 2014, revealed continued stomach pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM #60 - 1 bottle:** 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), Pain, Sentra PM, Medical Food.

**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 #60, #1 bottle is not medically necessary. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. Sentra AM is a medical food. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; constipation; bright red blood per rectum; hypertension; sleep disorder; orthopedic diagnosis (refer to specialist) and psychiatric diagnosis (referred to specialist). These are the medical diagnoses. There is no clinical indication or rationale for medical foods. Medical foods are not recommended for chronic pain. Consequently, absent compelling clinical documentation in support of medical foods, Sentra AM #60, #1 bottle is not necessary.

**Theramine #60 - 2 bottles:** 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), Pain, Theramine, Medical food.

**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 #60, #2 bottles is not medically necessary. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. Theramine is a medical food. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; constipation; bright red blood per rectum; hypertension; sleep disorder; orthopedic diagnosis (refer to specialist) and psychiatric diagnosis (referred to specialist). These are the medical diagnoses. There is no clinical indication or rationale for medical foods. Medical foods are not recommended for chronic pain. Consequently, absent compelling clinical documentation in support of medical foods, Theramine #60, #2 bottles are not necessary.

**Trepadone #90 - 2 bottles:** 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), Pain, Trepadone, Medical Food.

**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, Trepidone #60 #1 bottle is not medically necessary. Medical foods are not recommended for chronic pain. They have not been shown to produce meaningful benefits or improvements in functional outcomes. Trepidone is a medical food. In this case, the injured worker's working diagnoses are abdominal pain; acid reflux; constipation; bright red blood per rectum; hypertension; sleep disorder; orthopedic diagnosis (refer to specialist) and psychiatric diagnosis (referred to specialist). These are the medical diagnoses. There is no clinical indication or rationale for medical foods. Medical foods are not recommended for chronic pain. Consequently, absent compelling clinical documentation in support of medical foods, Trepidone #60, #2 bottles are not necessary.