

Case Number:	CM15-0055937		
Date Assigned:	04/01/2015	Date of Injury:	04/01/2012
Decision Date:	05/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male who reported an injury on 04/01/2012. The mechanism of injury was not provided. He is diagnosed with cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, bilateral knee osteoarthritis, and right lateral epicondylitis. His past treatments were noted to include physical therapy, injections, and medications. His symptoms are noted to include swelling of the right elbow, bilateral knees, and cervical/lumbar spine. Physical examination findings are handwritten and difficult to decipher. A current medication list was not included within the most recent follow-up note. The treatment plan included prescriptions for Theramine, Sentra PM, Gabadone, and Sentra AM. It was noted that Theramine promotes the production of the neurotransmitter that helps manage and improve the sensory response to pain and inflammation. Sentra PM is intended for the use in management of sleep disorders associated with fibromyalgia and depression. Sentra AM is intended for use in the management of chronic and generalized fatigue, and Gabadone is intended for the nutritional management of the altered metabolic processes of sleep disorders associated with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Sentra PM, 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, Sentra PM ½.

Decision rationale: The Official Disability Guidelines state Sentra PM is a medical food intended for use in the management of sleep disorders associated with depression. However, the guidelines state Sentra PM is not recommended at this time. The clinical information submitted for review indicated that the injured worker has chronic pain and was recommended Sentra PM for the management of sleep disorder. However, the guidelines specifically state this medical food is not recommended. As such, the request 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 (ODG), Pain, Medical food.

Decision rationale: Sentra AM is a medical food which consists of consists of choline bitartrate, cocoa extract, l-glutamic acid, acetyl l-carnitine, dextrose, ginkgo biloba, and hawthorn berry. The Official Disability Guidelines state medical foods are not recommended for chronic pain. Additionally, specifically, choline is not recommended as there is no known medical need for choline supplementation except for cases of long term parenteral nutrition or individuals with choline deficiency secondary to liver deficiency. In addition, l-glutamic acid is a supplement used for the treatment of gastric hydrochloric acid deficiency. The clinical information submitted for review indicated the injured worker has chronic pain. However, the guidelines state medical foods are not recommended for chronic pain at this time, and he was not shown to have any of the indications for use of choline or l-glutamic acid which are components of Sentra AM. For these reasons, the request is not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Gabadone, 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, GABAdone ½.

Decision rationale: According to the Official Disability Guidelines do, 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. This medical food is noted to be intended to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. However, the guidelines specifically state Gabadone is not recommended and medical foods are not recommended for chronic pain. The patient was noted to have chronic pain, and was recommended Gabadone for nutritional management of sleep disorders associated with anxiety. However, the guidelines specifically state this medical food is not recommended at this time. As such, the request is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Theramine ½.

Decision rationale: According to the Official Disability Guidelines, Theramine is not recommended for the treatment of chronic pain. Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The guidelines state this medical food is intended for the use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The injured worker was recommended Theramine, as it was noted in the documentation that it promotes the production of the neurotransmitter that helps manage and improve the sensory response to pain and inflammation. However, the guidelines specifically state Theramine is not recommended in the treatment of chronic pain. For this reason, the request is not medically necessary.