

<b>Case Number:</b>	CM15-0087625		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 58-year-old who has filed a claim for chronic hand, wrist, low back, and foot pain reportedly associated with an industrial injury of October 28, 2002. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve requests for Sentra, Theramine, GABAdone, and urine drug testing. The claims administrator referenced an RFA form received on March 24, 2015 in its determination, along with an associated progress note of February 26, 2015. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported multifocal pain complaints, fatigue, malaise, and difficulty sleeping. The applicant was placed off of work, on total temporary disability. Theramine, Zanaflex, Savella, calcium, flurbiprofen, and Prilosec were renewed while the applicant was kept off of work. No seeming discussion of medication efficacy transpired. The applicant's complete medication list was not seemingly attached. On March 18, 2015, Sentra, GABAdone, Amitiza, aspirin, metformin, TriCor, Lovaza, Citrucel, Nexium, and Zestril were all renewed. The applicant's work status was not detailed. The applicant had undergone earlier failed lumbar laminectomy, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM #60 with 3 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, Pain (Chronic).

**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 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for Sentra, a dietary supplement, was 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 are not recommended in the chronic pain context present here as they have not been shown to produce any meaningful benefits or improvements in functional outcomes. The attending provider failed to furnish a compelling rationale so as to support provision of Sentra, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Theramine #60 with 4 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, Pain (Chronic).

**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 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, the request for Theramine, 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 Theramine are not recommended in the chronic pain context present here as they have not been shown to produce any meaningful benefits or improvement in functional outcomes in the treatment of the same. Here, as with the preceding request, the attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Gabadone #60 with 3 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, Pain (Chronic).

**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 Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** Similarly, 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 treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**Urine Drug Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine drug testing was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the applicant's complete medication list was not furnished. It was not clearly stated what drug tests and/or drug panels are being tested for. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing nor signaled his intention to eschew confirmatory or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.