

Case Number:	CM14-0117426		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2012
Decision Date:	10/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/26/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 52-year-old female was reportedly injured on February 22, 2012. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of headaches, fatigue, and difficulty sleeping. The physical examination demonstrated decreased sensation at the C5 as well as the L3 and L4 left-sided dermatomes. There was tenderness of the cervical and lumbar spine and decreased range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Norflex, tramadol, Theramine, Sentra AM, Sentra PM, and Flurbiprofen/Capsaicin/Camphor and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex/Orphenadrine ER 100mg #60 times two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Norflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Norflex is not medically necessary.

Tramadol 150mg #60 times two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Theramine #90 times two (2) refills: 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-TWC) Pain Procedure Summary last updated 6/10/2014, medical food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated September 26, 2014.

Decision rationale: Theramine is a blend of Choline Bitartrae, L-Arginine, L-Histadine, L-Glutamine, L-Serine, GABA, Giffonia Seed, Whey Protein, Grape Seed Extract, Ginkgo Biloba, Cinnamon and Cocoa. There is no indication for Theramine in the treatment of cervical spine pain. As such, this request for Theramine is not medically necessary.

Sentra PM #60 times two (2) refills: 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-TWC) Pain Procedure Summary last updated 6/10/2014, medical food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated September 26, 2014.

Decision rationale: Sentra PM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, 5-hydroxytryptophan, L-glutamate); activators of precursor utilization (acetyl-L-Carnitine, L-glutamate, cocoa powder); stimulator of precursor uptake (ginkgo biloba); polyphenolic antioxidants (cocoa powder, grape seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no indication for the usage of Sentra PM in the treatment of cervical spine pain. As such this request for Sentra PM is not medically necessary.

Sentra AM #60 times two (2) refills: 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-TWC) Pain Procedure Summary last updated 6/10/2014, medical food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated September 26, 2014.

Decision rationale: Sentra AM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, L-glutamate); activators of precursor utilization (acetyl-L-Carnitine, L-glutamate, cocoa powder); polyphenolic antioxidants (cocoa powder, grape-seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no indication for the usage of Sentra AM in the treatment of cervical spine pain. As such, this request for Sentra AM is not medically necessary.

Flurbiprofen/Capsaicin/Camphor times two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Flurbiprofen/Capsaicin/Camphor is not medically necessary.