MAXIMUS Federal Services

Case Number:	CM14-0142370		
Date Assigned:	09/10/2014	Date of Injury:	11/15/2011
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 28-year-old female with an 11/15/11 date of injury, when the blades caught her right forearm and hurt her arm and fingers. The patient underwent repairs of the injury in 2011. The patient was seen on 7/14/14 with complaints of 9/10 pain in the right wrist and 7/10 neck pain radiating down to the shoulder. The patient also complained of 8/10 low back pain radiating down into the lower extremities associated with numbness. The patient reported poor sleep. Exam findings revealed pain with the motion in the right wrist, limited flexion and extension in the cervical spine with tenderness over C4-C7 paraspinal muscles and muscle spasm on the right. The examination of the lumbar spine revealed limited range of motion with tenderness to palpation over paraspinal muscles with spasm on the right. Straight leg raising test was positive on the right at 40 degrees. The MRI of the lumbar spine was pending. The request for medical foods was noted. The diagnosis is blade avulsion injury of the right forearm, status post multiple skin grafts, status post amputations of the distal phalanges of the right middle and ring fingers, cervical region radiculopathy, brachial neuritis and sprain/sprain of the wrist. Treatment to date: medications, H-wave unit, physical therapy, elastic forearm sleeve, work restrictions and transcutaneous electrical nerve stimulation unit. An adverse determination was received on 8/1/14. The requests for App Trim x 120, Sentra PM x 60 and Theramine x 90 were denied due to a lack of documentation indicating the need for medical foods for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

App Trim x 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical foods

Decision rationale: CA MTUS does not address medical foods. ODG states that medical foods are recommended as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medication. Therefore, the request for App Trim x120 is not medically necessary.

Sentra PM x 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical foods

Decision rationale: CA MTUS does not address this issue. ODG states that Sentra PM is intended for use in management of sleep disorders associated with depression. Although the patient reported sleep disturbances during the last visit dated 7/14/14, there is no rationale or indication provided for the treatment with the requested medication. Therefore, the request for Sentra PM x 60 is not medically necessary.

Theramine x 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

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

Decision rationale: CA MTUS does not address the issue. ODG states that Theramine is not recommended. There is no high quality peer-reviewed literature that suggests that GABA is indicated; there is no known medical need for choline supplementation; L-Arginine is not indicated in current references for pain or inflammation; L-Serine is not indicated. In a manufacturer study comparing Theramine to naproxen, Theramine appeared to be effective in

relieving back pain without causing any significant side effects. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. In addition, there is no rationale or indication provided for the treatment with the requested medications. Therefore, the request for Theramine x 90 is not medically necessary.