

Case Number:	CM14-0163357		
Date Assigned:	10/08/2014	Date of Injury:	07/14/2011
Decision Date:	11/13/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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:

The applicant is a represented [REDACTED] insured who has filed a claim for chronic neck pain and shoulder pain reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier cervical epidural steroid injection therapy; shoulder corticosteroid injection therapy; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; antidepressant medications; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 8, 2014, the claims administrator approved a request for Prozac while denying GABADONE and Sentra. The applicant's attorney subsequently appealed. In a September 4, 2014 pain management progress note, the applicant was described as using Norco, Soma, Terocin, and Naprosyn for ongoing complaints of neck, shoulder, and wrist pain. Multiple medications were refilled. The applicant was asked to pursue a second opinion orthopedic shoulder surgery consultation. The dietary supplements at issue were apparently sought via a request for authorization (RFA) form dated June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabdone QTY: 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):

Treatment in Workers Comp 2012. (www.odgtreatment.com.) Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as GABAone are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider failed to furnish any compelling medical evidence or applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Sentra AM QTY: 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): Treatment in Workers Comp 2012. (www.odgtreatment.com.) Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Alternative Treatments

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.