

Case Number:	CM14-0165236		
Date Assigned:	10/10/2014	Date of Injury:	01/11/2006
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 11, 2006. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; topical compounds; opioid therapy; a TENS unit; and dietary supplements. The applicant's case and care was, it was incidentally noted, complicated by comorbid lupus. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a variety of dietary supplements. The applicant's attorney subsequently appealed. In a progress note dated May 26, 2014, the applicant reported persistent complaints of low back pain, highly variable, ranging from 2-8/10. The applicant was using Tramadol for pain relief as well as a TENS unit. The applicant's medication list included Lopressor, Hydrochlorothiazide, Methotrexate, Norco, and Tramadol. The applicant was smoking, it was further noted. Multiple medications were endorsed. The applicant was asked to continue a Ketoprofen-containing cream, resume Tramadol, stop Elavil, decrease Norco, and employ dietary supplements such as Theramine, Sentra AM, and Sentra PM. The applicant was asked to continue a permanent 15-pound lifting limitation. It was not clearly evident whether or not the applicant was working with said 15-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #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 (ODG), Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Medical Food

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

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines notes that dietary supplements such as Sentra AM are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Theramine #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 (ODG), Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Medical Food

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

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 Theramine 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. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

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 (ODG), Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Medical Food

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

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, dietary supplements such as Sentra 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. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.