

<b>Case Number:</b>	CM14-0165552		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 71-year-old female who reported injury on 03/08/2012 due to a prior student of hers attacking, kicking and punching her several times. The injured worker's diagnoses were abdominal pain, dysphasia, acid reflux and constipation/diarrhea. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Sentra AM, Sentra PM, Theramine, Treadone, flurbiprofen/tramadol and gabapentin/amitriptyline/dextromethorphan. The injured worker has undergone x-rays and MRIs. On 08/13/2014, the injured worker complained of abdominal pain, dysphasia and acid reflux disease. The injured worker also complained of cervical and lumbar spine pain. Physical examination revealed that there was no clubbing, cyanosis or edema. Extremity examination of tenderness and range of motion was deferred. No other significant findings on physical examination. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM, sixty count:** 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), Pain Chapter, Theramine, Treadone, Sentra PM and AM

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

**Decision rationale:** The request for Sentra AM, sixty count is not medically necessary. The Official Disability Guidelines state that Sentra AM is made up of a food which is formulated to be consumed or administered entirely 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. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guidelines requirements for Sentra AM. The submitted documentation lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases or conditions for which the injured worker would need Sentra AM. The guidelines also stipulate that a person taking Sentra AM is usually a tube feeder or has problems with oral foods. There was no evidence noted in the submitted reports indicating that this would apply to the injured worker. Additionally, the request as submitted did not indicate a dosage frequency or duration of the medication. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

**Sentra PM, sixty count:** 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), Pain Chapter, Theramine, Trepadone, Sentra PM and AM

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

**Decision rationale:** The request for Sentra PM, sixty count is not medically necessary. The Official Disability Guidelines state that Sentra PM is made up of a food which is formulated to be consumed or administered entirely 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. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet ODG criteria for Sentra PM. The submitted documentation lacked quantified evidence showing that the injured worker had any nutritional deficits, diseases or conditions for which the injured worker would need the Sentra PM. Guidelines also stipulate that a person taking Sentra PM is usually a tube feeder or

has problems with oral foods. There was no indication in the submitted documentation that would apply this to the injured worker. Additionally, the request as submitted did not indicate a dosage, frequency or duration of the medication. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

**Theramine, sixty count:** 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), Pain Chapter, Theramine, Trepadone, Sentra PM and AM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Medical food (Theramine

**Decision rationale:** The request for Theramine, sixty count is not medically necessary. The Official Disability Guidelines state that Theramine is made up of a food which is formulated to be consumed or administered entirely 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. To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guideline requirements for Theramine. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases or conditions for which the injured worker would need Theramine. The guidelines also stipulate that a person taking Theramine is usually a tube feeder, or has problems with oral foods. There was no evidence noted in the submitted documentation that this would apply to the injured worker. Additionally, the request as submitted did not indicate a dosage, frequency or duration of the medication. As such, the request is not medically necessary.

**Trepadone, ninety count:** 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), Pain Chapter, Theramine, Trepadone, Sentra PM and AM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Medical food (Trepadone

**Decision rationale:** The request for Trepadone, ninety count is not medically necessary. The Official Disability Guidelines state that Trepadone is made up of a food which is formulated to be consumed or administered entirely 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.

To be considered for the use of this product the person must, at a minimum, meet the following criteria to include (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guideline requirements for Trepadone. The submitted documentation lacked any quantified evidence showing that the injured worker had any other nutritional deficits, diseases, or conditions for which the injured worker would need Trepadone. The guidelines also stipulate that a person taking Trepadone is usually a tube feeder or has problems with oral foods. There was no indication or documented evidence noted in the reports that this would apply to the injured worker. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

**Topical compound Flurbiprofen 20%/Amitriptyline 10%/Dextromethorphan 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Topical compound Flurbiprofen 20%/Amitriptyline 10%/Dextromethorphan 10% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above, the proposed medication is not recommended by the Medical Treatment Utilization Schedule Guidelines. Furthermore, in the submitted documentation, there was no indication as to where the cream would be applied. There was also a lack of evidence of effectiveness of the current medications that the injured worker was taking. There was no rationale submitted as to how the injured worker would benefit from a topical cream instead of oral medications. Additionally, the request as submitted did not indicate a dosage frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.