

<b>Case Number:</b>	CM14-0183152		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

The patient is a 56-year-old man who was injured at work on 7/24/2008. The injury was primarily to his neck, arms and back. He is requesting review of denial for a retrospective request for the following: Fluoxetine 20mg; Gabadone #60 tablets; Sentra #60 tablets; and Theramine #60 tablets. Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports. The patient's chronic diagnoses include: Left Shoulder Internal Derangement/Adhesive Capsulitis; Hypertension; Borderline Diabetes; Sleep Disorder; and Depressive Disorder. Surgical treatment has been provided for the shoulder condition. The patient has received Tramadol and a Lidoderm Patch for pain control. He has also received Ambien for his sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Fluoxetine 20mg (DOS 5/28/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** In this case, the request is for Fluoxetine, which is in the SSRI class of antidepressants. The medical records do not indicate the specific rationale for the use of Fluoxetine. However, based on the above stated guidelines, SSRIs (such as Fluoxetine) have not been shown to be effective for low back pain. Further, the guidelines indicate that Tricyclic Antidepressants are recommended as first line. There is no evidence that a Tricyclic Antidepressant has been tried in this case. Finally, there is no evidence in the medical records that there has been a plan to assess treatment efficacy including not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In summary, the use of Fluoxetine for this patient's chronic pain is not considered as medically necessary.

**Retrospective request for 60 tablets of Gabadone (DOS 5/28/14): Upheld**

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

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

**Decision rationale:** The Official Disability Guidelines specifically state that Gabadone is not recommended for the treatment of chronic pain. Therefore, Gabadone is not considered as a medically necessary treatment.

**Retrospective request for 60 tablets of Sentra AM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain/Medical Food

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

**Decision rationale:** The Official Disability Guidelines comment on the use of medical foods for chronic pain. The guidelines state that these agents are "not recommended for chronic pain." Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food 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." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The Official Disability Guidelines specifically state that Sentra is a medical food and this is not recommended for the treatment of chronic pain. Therefore, Sentra is not a medically necessary treatment.

**Retrospective request for 90 tablets of Theramine (DOS 5/28/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Theramine

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

**Decision rationale:** The Official Disability Guidelines comment on the use of medical foods for chronic pain. These guidelines state that such agents are "not recommended for chronic pain." Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food 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." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The Official Disability Guidelines, specifically state that Theramine is a medical food and not recommended as a treatment for chronic pain. Theramine is therefore not a medically necessary treatment.