

Case Number:	CM14-0087321		
Date Assigned:	07/23/2014	Date of Injury:	06/18/2013
Decision Date:	10/14/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal 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 injured worker is a 73-year-old male who reported an injury on 06/18/2013. The mechanism of injury was noted to be the injured worker was notified a customer was stealing merchandise. The injured worker approached the customer and demanded she return the items taken. The customer became violent and struck the injured worker with a handbag on his right shoulder and ran out of the store. The injured worker ran after the customer and the customer turned and hit him causing him to fall backwards. Surgical included a right shoulder arthroscopy and rotator cuff repair on 02/13/2014. The injured worker underwent an MRI of the right shoulder. Other therapies included medication. The injured worker's medications were noted to include Norco, Naprosyn, flurbiprofen 20% gel, ketoprofen 20%, ketamine 10% gel, gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% 120 grams, Theramine 2 capsules, centrum PM, Gabadone, menthoderp gel 240 mg and Sentra AM. The documentation of 04/18/2014 revealed the injured worker had complaints of intermittent postoperative right shoulder pain rated a 4/10 to 5/10 with associated weakness and limited range of motion. The examination revealed decreased range of motion. The diagnoses were status post right shoulder arthroscopy and rotator cuff repair 02/13/2014 and the treatment plan included physical therapy, flurbiprofen 20% gel, ketoprofen 20%, ketamine 10%, gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375% 120 grams. These were multiple creams and gels. The physician documented the topicals were consistent with recommendations. There was no Request for Authorization or a physical examination specifically requesting the medications and medical foods.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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, Sentra PM

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended and that choline is a precursor of acetylcholine and there is no medical need for choline supplementation except for the case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Additionally, they indicate that glutamic acid is used for the treatment of hypochlohydria and achlorhydria for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is used for digestive disorders in complementary medicine. The Official Disability Guidelines indicate that 5-hydroxytryptophan has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. The clinical documentation submitted for review failed to provide a documented rationale for the requested medical food. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra PM #60 is not medically necessary.

Gabadone #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

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, Gabadone

Decision rationale: The Official Disability Guidelines do not recommend the use of Gabadone. There was a lack of documented rationale for the requested medication. The duration of use could not be established. The clinical documentation failed to provide a physician note with rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabadone #60 is not medically necessary.

Menthoderm Gel 240mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylates Page(s): 111; 105.

Decision rationale: The California MTUS guidelines indicate 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. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating a necessity for multiple topical medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Methoderm Gel 240mg is not medically necessary.

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

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: The Official Disability Guidelines indicate medical foods are not recommended for chronic pain and to be considered a medical food, the product must be a food for oral or tube feeding, must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. Per Marvista health center.com Sentra AM is a blend of Choline bitartrate and glutamate, acetyl-L-carnitine, cocoa powder, ginko biloba and grape seed extract and is utilized in the treatment of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder. The clinical documentation submitted for review failed to provide documented rationale for the request. The duration of use could not be established. There was a lack of documentation indicating the original date of request. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra AM #60 is not medically necessary.

Theramine 2 caps po BID #90: Upheld

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

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: The Official Disability Guidelines indicate that Theramine is not recommended for the treatment of chronic pain. There was a lack of documented rationale for the medical food. The duration of use could not be established through supplied documentation. Given the above, the request for Theramine 2 caps po BID #90 is not medically necessary.