

Case Number:	CM14-0091222		
Date Assigned:	07/25/2014	Date of Injury:	07/21/1998
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 50 year old male injured on 07/21/1998 when a 300-400 pound gate fell onto his low back. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documentation provided. Surgical history includes discectomy at L4-5 in 1998 and lumbar fusion at L4-5 in 2007. Clinical note dated 05/19/14 indicated the injured worker presented complaining of low back pain radiating to the bilateral lower extremities with associated numbness and tingling in the right thigh after standing in place for approximately 3-4 minutes. The injured worker reports symptoms are exacerbated by bending and lifting movements. Physical examination revealed tenderness to palpation of the lumbar spine localized to the L4-5 and S1 joints, decreased range of motion of the lumbar spine, deep tendon reflexes within normal limits, decreased sensation of the right anterolateral thigh to knee, depressed mood and affect and utilization of two canes. The documentation indicates the injured worker required emergency room evaluation and treatment on 05/08/14 due to "swelling of spine and loss of motor function in the legs". The injured worker was started on a course of prednisone; however, was unable to be seen due to industrial injury. Treatment plan included continuation of Norco 10/325 mg 1-2 tablets per day, Prozac, Lorazepam, Sentra pm, Sentra am, Theramine, Ketoprofen cream, Sprix, and Remeron. The initial request for Sentra am #60, Sentra pm #60, and theramine #90 was denied on 06/10/14.

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, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic), Sentra PM.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, the use of herbal medicines or medical foods is not recommended. Sentra is intended for use in management of sleep disorders associated with depression. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra AM, #60 as is not medically necessary and appropriate.

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, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic), Sentra PM.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, the use of herbal medicines or medical foods is not recommended. Sentra PM is intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate and 5-hydroxytryptophan. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Sentra PM, #60 cannot be recommended as medically necessary.

Theramine, #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, Pain Procedure Summary.

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

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines, Theramine is not recommended for use in chronic pain management. Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There are no

high quality studies that support the use of Theramine. The use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine, #90 is not medically necessary and appropriate.