

Case Number:	CM14-0091926		
Date Assigned:	07/25/2014	Date of Injury:	09/02/2011
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/17/2014

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 application for independent medical review was signed on June 17, 2014. Per the records provided, the claimant has a pes anserine bursitis of the left knee. The claimant is capable of performing his usual job requiring limitations of walking, standing and climbing for maximum of six hours per day. The previous reviewer noted the records were over 60s days old, and it was not possible to determine the claimant's current condition and status with medical records this old. There was a visit from January 9, 2014 which was an orthopedic follow-up especially evaluation. She missed her appointment for a third Supartz injection. The diagnosis was chondromalacia of the patellofemoral joint of the left knee. There was also a visit from June 26, 2014. The injection she received to the pes anserine area did help her foot for 4 to 5 weeks. She had no pain but gradually the pain returned. She is now having a lot of pain in the pes anserine area and pain in the retropatellar joint of the left knee. The clinical diagnoses are chondromalacia of the patellofemoral joint and pes anserine. The qualified medical evaluation evaluator recommended surgery if the patient's pain did not approve. He said that if the injection did not help it is reasonable to have surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antidepressants for chronic pain.

Decision rationale: Regarding antidepressants for chronic pain, the ODG notes that they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. This necessary analysis was not provided for the use of this medicine in this claimant. Moreover, the material at the time of the review was truly not current. Therefore, the request was appropriately 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, pain.

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

Decision rationale: The ODG rates Gabadone as not recommended. It is a medical food from [REDACTED], [REDACTED], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and gamma-aminobutyric acid (GABA). The substance is made up agents with little to no proven effectiveness. One is Choline, which is a precursor of acetylcholine. There is no known medical need for Choline supplementation except for the case of long-term parenteral nutrition or for individuals with Choline deficiency secondary to liver deficiency. Therefore the request 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, pain.

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

Decision rationale: Sentra AM contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for Choline supplementation except for the case of long-term parenteral nutrition or for individuals with Choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is no evidence this claimant had a deficiency in these and other components of Sentra AM. 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, pain.

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

Decision rationale: Sentra PM contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for Choline supplementation except for the case of long-term parenteral nutrition or for individuals with Choline deficiency secondary to liver deficiency. The patient does not meet this criterion. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Also, the clinical information is old. Therefore the request is not 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.

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

Decision rationale: The MTUS is silent on this particular agent. The ODG notes under Medical Foods that the substance is not recommended. It notes that Theramine is a medical food from [REDACTED], [REDACTED], 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. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Until there are higher quality studies of the ingredients in Theramine, it remains not recommended for this claimant. Moreover, the clinical provided was old material. The request was appropriately non-certified under the evidence-based documents.