

Case Number:	CM14-0095757		
Date Assigned:	09/22/2014	Date of Injury:	11/19/2012
Decision Date:	10/21/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/24/2014

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 Practice 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:

This 54 year old female claimant sustained a work injury on 9/10/2012 involving the right shoulder and elbow. She was diagnosed with right shoulder strain, right elbow derangement and right wrist tenosynovitis. A progress notes no 5/28/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for reduced range of motion in the right upper extremity. A Phalen's test was positive on the right. The treating physician recommended Flexeril, Naproxen Terocin patches and Methoderm gel. In addition, the claimant was provided Theramine, Sentra AM and PM as well as Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Gabadone is a medical food containing GABA. According to the ODG guidelines GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia.

In this case, there is no indication of epilepsy or spasticity. There is poor evidence to support its use. The use of Gabadone is not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Sentra AM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate). It is intended to be used for fatigue, fibromyalgia and PTSD. According to the ODG guidelines, 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. Glutamate is used for treatment of hypochlohydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra AM. The use of Sentra AM is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical food

Decision rationale: Sentra PM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate). It is intended to be used for controlling sleep. According to the ODG guidelines, 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. Glutamate is used for treatment of hypochlohydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra PM. The use of Sentra PM is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical foods

Decision rationale: Theramine is a medical food containing 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. According to the ODG guidelines it is not recommended. 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 GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. There is poor evidence to support its use and no diagnoses to indicate the need. The use of Theramine is not medically necessary.