

Case Number:	CM14-0097325		
Date Assigned:	08/08/2014	Date of Injury:	01/21/1997
Decision Date:	10/02/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on January 21, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of back spasms. Current medications include soma and Lortab. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles from L3 through S1. There was decreased lumbar spine range of motion and a positive Faber's test. There was also decreased sensation at the lateral aspect of the left leg and the posterior aspect of the right leg. Diagnostic imaging studies of the lumbar spine showed multilevel degenerative changes and disc bulges at L3 - L4 and L4 - L5. Previous treatment includes oral medications. A request had been made for soma, Sentra AM, and Sentra PM and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. The most recent progress note does not indicate that there are exacerbations of pain on physical examination nor is there any documentation stating that there has been any and effect from this medication. As such, this request for soma 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, Mental Illness and Stress - Sentra AM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

Decision rationale: Sentra AM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); polyphenolic antioxidants (cocoa powder, grape-seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no indication for Sentra AM for the treatment of chronic low back pain. As such this request for Sentra AM 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, Mental Illness and Stress - Sentra PM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food.

Decision rationale: Sentra PM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, 5-hydroxytryptophan, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); stimulator of precursor uptake (ginkgo biloba); polyphenolic antioxidants (cocoa powder, grape seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no indication for the use of Sentra PM for the treatment of chronic low back pain. As such, this request for Sentra PM is not medically necessary.