MAXIMUS Federal Services

Case Number:	CM14-0097447		
Date Assigned:	09/10/2014	Date of Injury:	01/21/1997
Decision Date:	10/10/2014	UR Denial Date:	06/05/2014
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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

52y/o male injured worker with date of injury 1/21/97 with related back pain. Per progress report dated 9/9/14, the injured worker reported continued back spasms. Per physical exam he had bilateral tenderness and spasms of the L3-L5 and L5-S1 paraspinous muscles, decreased range of motion was noted, there was pain with palpation of the bilateral SI joint, there was positive FABER sign. MRI of the lumbar spine dated 8/18/10 revealed multilevel disc bulges. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included acupuncture, chiropractic manipulation, and medication management.The date of UR decision was 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 (Chronic), Theramine

Decision rationale: The MTUS is silent on the topic of medical food. With regard to the treatment of chronic pain, the ODG guideline says this about theramine: "Not recommended. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in themanagement 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."Theramine is not recommended by the ODG and thus the request is not medically necessary.

Sentra #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 (ODG)

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

Decision rationale: The MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about medical foods: medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker has any distinctive nutritional requirements. The request is not medically necessary.

Detox Program Admission (in house): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 (Chronic), Weaning, scheduled medications (general guidelines)

Decision rationale: Per ODG TWC: "Setting for weaning: Important variables as to the setting in which weaning should occur include the presence of comorbid medical and psychiatric pathology and evidence of use of poly-pharmacy. Medical conditions that may favor inpatient detoxification include a history of significant TBI or seizures (seizure risk, delirium), cardiac disease (sympathetic hypersensitivity), significant liver or kidney disease. Psychiatric conditions potentially favoring inpatient weaning include suicidal or homicidal risks, delirium, and diagnosis of bipolar disorder and other significant psychiatric disease. Patients with alcoholism and history of delirium tremens may merit inpatient treatment. Many of the patients that are

recommended for inpatient weaning are using high doses and/or multiple substances that are prescribed, and may also be using other substances such as alcohol and/or illicit substances (street drugs). Benzodiazepines and sedative-hypnotics in particular contribute to increased withdrawal symptoms, including the possibility of seizures, and a less predictable course. More intensive monitoring will be necessary when these variables are present."The documentation submitted for review does not detail why an inpatient program is medically necessary over weaning supervised by the injured worker's PTP. The request is not medically necessary.