

Case Number:	CM14-0212292		
Date Assigned:	01/02/2015	Date of Injury:	02/25/2009
Decision Date:	03/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 60 year old male with an injury date on 02/25/2009. Based on the 11/10/2014 illegible hand written progress report provided by the treating physician, the diagnoses are: 1. L/S - HNP2. Bilateral knee- OA S/PA According to this report, the patient complains of low back and bilateral knee pain. The patient ambulates with a cane. Lumbar range of motion is decrease. Straight leg raise is positive. Knees range of motion is 10 to 115 degrees. Per treating physician, MRI of the lumbar spine was performed on 09/06/2014 and CT of the bilateral knees was performed on 10/07/2017. The reports of the images studies were not included in the file for review. The treatment plan (check box) is to request for Pharmacy, cream, Chiropractic/Physiotherapy, urinalysis for toxicology, acupuncture, medical food, and return in clinic in 4 weeks. The patient's work status is to "remain off work." The utilization review denied the request for (1) Theramine #90, (2) Naproxen #60, (3) Sentra PM # 60, (4) 8 Chiropractic/Physiotherapy, (5) Sentra AM # 60, and (6) Gabadone #60 on 11/19/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/02/2014 to 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine quantity 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 (ODG), Pain, Medical Food

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

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Theramine quantity 90, a medical food. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state that Theramine is a proprietary medication of Physician Therapeutics based in Los Angeles, CA. Its intended use is in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. ODG further states for each ingredient, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation"; L-Arginine, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, "There is no indication for the use of this product." It does not appear that there is any guideline support for this product in the management of chronic pain. Therefore, the current request IS NOT medically necessary.

Naproxen 550mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; Non-steroidal anti-inflammatory dru.

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Naproxen 550mg quantity 60. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. The current request IS NOT medically necessary.

Sentra PM quantity 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), Pain, Medical Food

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

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Sentra PM Quantity 60. The ODG guidelines states that, "Sentra PM is a medical food from [REDACTED] intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." ODG further states that for each ingredient: for choline, "There is no known medical need for choline supplementation"; for Glutamic Acid, "This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine"; for 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." In this case, choline, and ingredient in Sentra PM is not supported by ODG guidelines. Therefore, the current request IS NOT medically necessary.

Chiropractic/Physiotherapy, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 8, 58,59..

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Chiropractic/Physiotherapy, 2 times a week for 4 weeks. The Utilization Review denial letter states "the patient was certified for chiropractic/physiotherapy on 9/8/14. There is a lack of clinical documentation of the efficacy of the previous treatments including quantified pain relief and functional improvement." Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In reviewing the provided reports show the patient has had chiropractic care recently but unknown number of sessions and time frame. There was no documentation of functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiro treatments following initial trial of 3-6. In this case, chiro therapy treatment history is not known. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request IS NOT medically necessary.

Sentra AM quantity 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), Pain, Medical Food

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

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Sentra AM quantity 60, a medical food. Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, and neurotoxicity-induced fatigue syndrome. Sentra AM is a patented blend of neurotransmitter and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-Lcarnitine, glutamate, and cocoa powder). The MTUS and ACOEM guidelines are silent when it come to this product. ODG on medical food states that for Choline, "There is no known medical need for choline supplementation." MTUS also states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, choline, and ingredient in Sentra is not supported by ODG guidelines. Therefore, the current request is not medically necessary.

Gabadone quantity 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), Pain, Medical Food

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

Decision rationale: According to the 11/10/2014 report, this patient presents with back and bilateral knee pain. The current request is for Gabadone quantity 60. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state "Not recommended. GABADONE is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders." The ODG guidelines do not support the use of Gabadone for chronic pain or for sleep aid. Therefore, the current request is not medically necessary.