

Case Number:	CM14-0216341		
Date Assigned:	02/04/2015	Date of Injury:	09/19/2013
Decision Date:	03/18/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 56 year old female, who sustained an industrial injury on 9/19/2013. She reports pain in the right knee and left shoulder after a slip and fall. Diagnoses include lower leg joint pain and sprain/strain of knee/leg. Treatments to date include physical therapy, acupuncture, chiropractic care and medication management. A progress note from the treating provider indicated the injured worker reported continued pain in the right knee and left shoulder. On 12/1/2014, Utilization Review non-certified the request for Gabadone #60, Sentra AM #60, Sentra PM #60 and Theramine #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone qty: 60: 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 Pain (Chronic) (1) Gabadone, (2) Medical Food

Decision rationale: The claimant is more than one year status post work related injury and continues to be treated for chronic right knee and left shoulder pain. Gabadone is a medical food 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. Guidelines recommend use of a medical food for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by a medical evaluation. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, prescribing Gabadone was not medically necessary.

Theramine qty:90: 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 Pain (Chronic), Theramine; 1/2

Decision rationale: The claimant is more than one year status post work related injury and continues to be treated for chronic right knee and left shoulder pain. Theramine is a medical food from that is a proprietary blend of gammaaminobutyric 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. Guidelines recommend against its use.

Sentra AM qty 60: 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 Pain (Chronic), Medical food

Decision rationale: The claimant is more than one year status post work related injury and continues to be treated for chronic right knee and left shoulder pain. Sentra AM is a medical food intended for use in the management of fatigue, memory disorders and vascular dementia. It is a proprietary blend of choline bitartrate, glutamic acid, and carnitine. Guidelines indicate that 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. Side effects of high-dose choline include hypotension, acute GI distress, and side effects such as sweating and diarrhea. Therefore, Sentra AM was not medically necessary.

Sentra PM qty 60: 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 (1) Pain (Chronic), Sentra PM? (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than one year status post work related injury and continues to be treated for chronic right knee and left shoulder pain. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Sentra PM was not medically necessary.