

Case Number:	CM15-0002351		
Date Assigned:	01/13/2015	Date of Injury:	01/25/1993
Decision Date:	06/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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 injured worker is a 56 year old female, who sustained an industrial injury on 1/25/1993. The mechanism of injury was the injured worker was working with a fax machine and the fax machine loaded paper from the bottom and the drawer that the paper went in got stuck. The injured worker sat on the floor and used her feet to push the drawer in and when she got up, she noted severe pain. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, status post lumbar spine fusion L4-5, failed back surgery syndrome - lumbar low back pain, bilateral transmandibular joint (TMJ) disorder, fibromyalgia and depression due to chronic pain. Treatment to date has included diagnostics, medications, home health aide, physical therapy, surgical intervention, occupational therapy, injections, and psychotherapy, acupuncture, and specialist consultations. Per the Primary Treating Physician's Progress Report dated 12/08/2014, the injured worker reported pain in the low back, TMJ pain and generalized pain from fibromyalgia. Physical examination revealed tenderness to palpation over the thoracolumbar spine with restricted range of motion in all planes. Straight leg raise was positive at 40 degrees bilaterally. The documentation indicated the injured worker was recommended to take Theramine 1 tablet 3 times a day #90 per month, Sentra PM 2 pills daily, and Sentra AM 2 pills daily, and the injured worker needed a refill on the medication. The physician indicated that the medication was not recommended; however, the Qualified Medical Examiner had recommended the medical foods and it was documented that the injured worker had been taking the medication with benefit. The physician documented that the medications were actually medical foods and were not recommended per the Official Disability Guidelines. Regarding the use of Provigil, the injured worker was utilizing the medication and it also was not supported per the Official Disability Guidelines for narcotic induced fatigue, which was the reason the injured worker was utilizing the medication. The plan of care included medications

and authorization was requested for MS Contin 30mg #90, Provigil 200mg #30 and Sentra PM #60 and Sentra AM #60 and Theramine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Provigil 200mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

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, Provigil (modafinil).

Decision rationale: The Official Disability Guidelines indicate that Provigil is recommended for the treatment of narcolepsy. The clinical documentation submitted for review indicated the request was made for the treatment of over sedation from narcotics. This medication would not be supported. There was a lack of documented rationale for 2 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Provigil 200 mg #30 with 2 refills is not medically necessary.

Prescription of Sentra PM, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Co-pack drugs, 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, Sentra PM.

Decision rationale: The Official Disability Guidelines do not recommend Sentra PM. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medical food. There was a lack of documented rationale for 2 refills without re-evaluation. There was a lack of documentation of exceptional factors. Given the above, the request for 1 prescription of Sentra PM #60 with 2 refills is not medically necessary.

Prescription of Sentra AM, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Co-pack drugs, 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 Foods and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence:
<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. However, to be considered a medical food, the product must be a food for oral or tube feeding, must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. Per Marvista health center.com Sentra AM is a blend of Choline bitartrate and glutamate, acetyl-L-carnitine, cocoa powder, ginkgo biloba and grape seed extract and is utilized in the treatment of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of a documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for a prescription of Sentra PM #60 with 2 refills is not medically necessary.

Prescription of Theramine, #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Theramine.

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, Theramine.

Decision rationale: The Official Disability Guidelines do not recommend the use of Theramine for the treatment of chronic pain. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the medical food. There was a lack of a documented rationale for 2 refills without re-evaluation. Given the above, the request for a prescription of Theramine #90 with 2 refill is not medically necessary.