

<b>Case Number:</b>	CM15-0017358		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 38-year-old female who reported an injury on 07/14/2012. The mechanism of injury involved a fall. The injured worker is currently diagnosed with lumbar spine herniated nucleus pulposus and right wrist sprain. The injured worker presented on 09/26/2014 for a followup orthopedic evaluation. The injured worker reported mild improvement in low back pain. Upon examination, there was diminished range of motion of the lumbar spine and the bilateral wrists. Recommendations included a pain management referral, a urinalysis, and shockwave therapy. A Request for Authorization form was then submitted on 09/26/2014 for a urinalysis, orthopedic shockwave for the right wrist, a followup in 4 weeks, a pain management consultation, and topical compounded creams.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Theramine..

**Decision rationale:** The Official Disability Guidelines do not recommend Theramine for treatment of chronic pain. Theramine is a medical food that is intended for the use of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Sentra #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Sentra PM.

**Decision rationale:** The Official Disability Guidelines do not recommend Sentra PM. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. In this case, the injured worker does not maintain a diagnosis of insomnia or depression. As guidelines do not recommend Sentra PM, the request is not medically appropriate at this time.