

Case Number:	CM15-0019575		
Date Assigned:	03/23/2015	Date of Injury:	12/17/2010
Decision Date:	05/21/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 52 year old female, who sustained an industrial injury on 12/17/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having headaches, status post right shoulder arthroscopy performed on 07/31/2013, right upper extremity pain and edema with rule out reflex sympathetic dystrophy/complex regional pain syndrome, disc protrusion at cervical three to four and cervical four to five with degenerative disc disease, cervical stenosis with cervical three to four and cervical four to five radiculitis, left shoulder musculoligamentous sprain/strain with rule out herniated nucleus pulposus, bilateral lower extremity radicular pain and paresthesia with rule out herniated nucleus pulposus, and vision dysfunction. Treatment to date has included laboratory studies, home exercise program, extensive physical therapy, magnetic resonance imaging of the right shoulder arthrogram, computed tomography arthrogram of the right shoulder, medication regimen, and above listed procedure. In a progress note dated 12/29/2014 the treating provider reports complaints of frequent headaches that are rated a five out of ten and constant right shoulder pain that is rated a seven out of ten, tenderness at the acromioclavicular joint on the right and along the trapezius muscles on the right with spasms, and positive impingement sign on the right. The treating physician requested the medication of Omeprazole for treatment of gastrointestinal irritation. The treating physician requested the medications of Methoderm gel (Methyl Salicylate/Menthol), Calypso cream (Methyl Salicylate 10%/ Menthol 3%), Sentra AM, Sentra PM, Gabadone, and Theramine, but the documentation provided did not the indicate specific reason for these requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate.

Menthoderm gel (Methyl Salicylate/Menthol) 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: ODG guidelines recommended topical salicylates as an option. Menthoderm is an over the counter topical gel solution. The blend of ancient natural remedies Methyl Salicylate and Menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. There is no clear indication in the documentation that the Menthoderm is to be utilized for, without a clear indication or site of pain the request is not medically necessary and appropriate.

Calypso cream(Methyl Salicylate 10%/ Menthol 3%) 113g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: ODG guidelines recommended topical salicylates as an option. Calypxo is an over the counter topical cream. The blend of ancient natural remedies Methyl Salicylate and Menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. There is no clear indication in the documentation that the Calypxo is to be utilized for, without a clear indication or site of pain the request is not medically necessary and appropriate.

Sentra AM #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 Chapter.

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

Decision rationale: MTUS guidelines do not comment on the use of Sentra. ODG states that Sentra is not recommended. Sentra AM is a medical food from Targeted Medical Pharma Inc., Los Angeles, CA, intended for use in management of fatigue and cognitive disorders. It is a proprietary blend of Choline Bitartrate, Cocoa Extract, L-Glutamic Acid, Acetyl L-Carnitine, Dextrose, Ginkgo Biloba, and Hawthorn Berry. See Medical food, Choline & Glutamic Acid. This request is not medically necessary and appropriate.

Sentra PM #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 chapter.

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

Decision rationale: MTUS guidelines do not comment on the use of Sentra. ODG states that Sentra is not recommended. Sentra PM is intended for use in management of sleep disorders associated with depression. Sentra PM is a proprietary blend of neurotransmitter precursors (choline bitartrate, glutamate, and 5-hydroxytryptophan); polyphenolic antioxidants (hawthorn berry, cocoa); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (acetyl-L-carnitine, glutamate, cocoa powder); and an adenosine antagonist (cocoa powder). Choline is a precursor of acetylcholine. 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. This is a precursor of gamma-aminobutyric acid (GABA). This supplement is used for treatment of gastric hydrochloric acid deficiency. This is the intermediate metabolite between biosynthesis of L-tryptophan to serotonin. In alternative medicine it has been used for insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders (postulated to inhibit inflammation).

Current peer-reviewed evidence is inconclusive to support these claims. This request is not medically necessary and appropriate.

Gabadone #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 chapter.

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

Decision rationale: MTUS guidelines do not comment on the use of GABAdone. ODG states that GABAdone is 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, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. It is intended to meet the nutritional requirements for sleep disorders and sleep disorders associated with insomnia. This request is not medically necessary and appropriate.

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), Pain chapter.

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

Decision rationale: MTUS guidelines do not comment on the use of Theramine. ODG states that Theramine is not recommended for the treatment of chronic pain. See Medical food. Under this entry discussions of the various components of this product are given. The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA are given and all indicate there is no role for these supplements as treatment for chronic pain. This request is not medically necessary and appropriate.