MAXIMUS Federal Services

Case Number:	CM15-0171455		
Date Assigned:	09/11/2015	Date of Injury:	10/11/1989
Decision Date:	10/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 56-year-old male injured worker suffered an industrial injury on 10-11-1989. The diagnoses included lumbar radiculopathy. On 8-20-2015, the treating provider reported he had 1 acupuncture treatment so far and not sure if it had helped. He was using Norco, Methadone, Morphine and Soma. He reported more right sided lower back pain with radiation to the right leg and spasms along with severe sharp pain in the right hip. He reported that without medications he would be in intractable pain so cannot exercise and travel. He noted lidocaine patches did help control his pain. On exam, he was wearing back brace and using 1 to 2 canes and a limp. There was bilateral tenderness and spasms of the lumbar muscles with decreased range of motion with sacroiliac joint pain. Prior treatments included lumbar fusion. The diagnostics included cervical and lumbar magnetic resonance imaging. The provider reported he started Sentra AM, Sentra PM and Theramine to assist in pain relief. The Utilization Review on 8-27-2015 determined non-certification for Sentra AM #60 (unknown strength), Sentra PM #60 (unknown strength), and Theramine #90 (unknown strength).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 (unknown strength): 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-TWC) Pain Procedure Summary Online Version last updated 7/15/2015.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.

Sentra PM #60 (unknown strength): 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-TWC) Pain Procedure Summary Online Version last updated 7/15/2015.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.

Theramine #90 (unknown strength): 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-TWC) Pain Procedure Summary Online Version last updated 7/15/2015.

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

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met and therefore the request is not medically necessary.