

Case Number:	CM15-0171879		
Date Assigned:	09/14/2015	Date of Injury:	01/18/2015
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 27 year old male, who sustained an industrial injury on 1-18-2015. The injured worker was diagnosed as having left knee sprain-strain with degenerative joint disease. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently (7-29-2015), the injured worker complains of left knee pain, described as constant throbbing and sharp, rated 6 out of 10. It was documented that acupuncture was "helpful". "No change" in physical exam was noted since 6-26-2015. A review of symptoms noted stress, depression, anxiety, and sleep disturbance. His current medication regimen was not documented on 7-29-2015. His work status remained modified. Medications prescribed included Voltaren ES, Sentra PM, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM everynight at bedtime, #60 with 1 refill: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Sentra PM. Guidelines state the following: Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. According to the clinical documentation provided and current guidelines; Sentra PM is not indicated as a medical necessity to the patient at this time.

Theramine 2 times daily, #60 with 1 refill: 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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Theramine. Guidelines state the following: Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Theramine: There is no indication for the use of this product. According to the clinical documentation provided and current guidelines; Theramine is not indicated as a medical necessity to the patient at this time.