MAXIMUS Federal Services

Case Number:	CM15-0174039		
Date Assigned:	09/22/2015	Date of Injury:	09/29/2001
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 29, 2011. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for several dietary supplements. An August 7, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 7, 2015, the applicant reported ongoing complaints of neck and hip pain. The applicant had undergone a hip replacement procedure, it was reported. The applicant had also received epidural steroid injection therapy. The applicant was on Valium, Norco, Methadone, Neurontin, and topical Menthoderm, several of which were refilled. All the dietary supplements in question, namely Theramine, Sentra AM and Sentra PM were all prescribed. The applicant was given a permanent 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place, although this was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 2 #180: 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: No, the request for Theramine, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are "not recommended" in the chronic pain context present here as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this particular dietary supplement in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: Similarly, the request for Sentra AM, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as Sentra AM are not recommended in the chronic pain context present here as there is "no evidence of their efficacy." Here, as with the preceding request, the attending provider failed to furnish a clear or compelling rationale for provision of Sentra AM, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: Finally, the request for Sentra PM, another dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as the Sentra PM at issue are not recommended in the chronic pain context present here as there is no evidence of their efficacy. As with the preceding request(s), the attending provider failed to furnish a clear or compelling rationale for introduction, selection, and/or ongoing usage of this particular article in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.