

Case Number:	CM15-0175120		
Date Assigned:	09/10/2015	Date of Injury:	03/07/2008
Decision Date:	10/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 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 injured worker is a 53-year-old female, who sustained an industrial injury on 3-7-08. The injured worker was diagnosed as having lumbar radiculopathy and lumbar stenosis. The physical exam (2-17-15 through 7-21-15) revealed 8 out of 10 pain, lumbar extension 10 degrees, flexion 25 degrees and lateral bending 15 degrees bilaterally. Treatment to date has included chiropractic treatments, Ketoprofen cream, Lidocaine patch, Neurontin and Fenoprofen. As of the PR2 dated 8-18-15, the injured worker reports lower back pain. She rates her pain 8 out of 10. Objective findings include lumbar extension 10 degrees, flexion 25 degrees and lateral bending 15 degrees bilaterally. There is also tenderness and spasms on the right at L3-L5. The treating physician noted that the injured worker has returned to work. The treating physician requested Theramine #90, Sentra AM #60 no refill and Sentra PM #60 no refill. On 8-20-15 the treating physician requested a Utilization Review for Theramine #90, Sentra AM #60 no refill and Sentra PM #60 no refill. The Utilization Review dated 8-27-15, non-certified the request for Theramine #90, Sentra AM #60 no refill and Sentra PM #60 no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90, no refill (twice a day Rx date; 8/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food.

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 and pg 75.

Decision rationale: Theramine is a medical food containing a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. According to the ODG guidelines, it is not recommended. 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. GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. There is poor evidence to support its use and the claimant did not have the diagnoses to indicate the need. It was prescribed to better absorb an NSAID. There is insufficient evidence to support this need. The use of Theramine is not medically necessary.

Sentra AM #60, no refill (twice a day, Rx date; 8/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food.

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 and pg 75.

Decision rationale: Sentra AM contains choline and L-glutamate. According to the ODG guidelines, 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. Glutamic Acid: This supplement is used for treatment of hypochlorhydria and achlorhydria. In this case, the claimant does not have the above diagnoses. Although it was prescribed for energy, there is lack of justification to support its efficacy. There is lack of evidence to support the use of Sentra AM and it is not medically necessary.

Sentra PM #60, no refill (twice a day, Rx date; 8/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Food.

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 and pg 64 and 75.

Decision rationale: Sentra PM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate). It is intended to be used for controlling sleep. According to the ODG guidelines, 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. Glutamate is used for treatment of hypochlohydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra PM. Long-term use of sleep aids is not recommended. The use of Sentra PM is not medically necessary.