

Case Number:	CM15-0175741		
Date Assigned:	09/25/2015	Date of Injury:	01/09/2013
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, Illinois

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 injured worker is a 68 year old female who sustained an industrial injury on 1-9-13. A review of the medical records indicates she is undergoing treatment for headache, cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, and lumbar radiculopathy. Medical records (5-27-15) indicate complaints of "constant" headaches, rating 5 out of 10, "constant" neck pain radiating to the upper extremities with numbness and tingling in the arms, and "constant" low back pain radiating to the left lower extremity, rating 5 out of 10. The physical exam reveals diminished range of motion in the cervical spine with tenderness to palpation along the upper trapezius muscles bilaterally and "palpable spasms". Range of motion is also diminished in the lumbar spine with tenderness to palpation along the paravertebral muscles bilaterally and palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. The straight leg raise is positive on the right side. Decreased sensation is noted over the L5 to S1 nerve root distribution bilaterally. Diagnostic studies are not included in the provided record. Effects on activities of daily living are not addressed in the provided record. Treatment includes oral and topical medications. The medications include Naproxen 550mg, Terocin patches, Tramadol 150mg, a compound cream. The provider indicates prescriptions given for Theramine, Sentra AM, Sentra PM, and Gabadone. The utilization review (8-10-15) indicates requests for Theramine #270 - denied due to "lack of high quality medical evidence in support of this formulation and a lack of documentation as to why this was chosen over standard FDA approved therapy" and Gabadone #120 - denied for the same rationale as noted with Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Theramine #270: 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) Pain (Chronic) Theramine®.

Decision rationale: The injured worker sustained a work related injury on 1-9-13. The medical records provided indicate the diagnosis of headache, cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, and lumbar radiculopathy. Oral and topical medications. The medications include Naproxen 550mg, Terocin patches, Tramadol 150mg, a compound cream. The provider indicates prescriptions given for Theramine, Sentra AM, Sentra PM, and Gabadone. The medical records provided for review do not indicate a medical necessity for Retro Theramine #270. The Official Disability Guidelines describes it as a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The MTUS is silent on medical foods, but the Official Disability Guidelines does not recommend the use of medical foods.

Retro Gabadone #120: 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) Pain (Chronic) GABAdone.

Decision rationale: The injured worker sustained a work related injury on 1-9-13. The medical records provided indicate the diagnosis of headache, cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, and lumbar radiculopathy. oral and topical medications. The medications include Naproxen 550mg, Terocin patches, Tramadol 150mg, a compound cream. The provider indicates prescriptions given for Theramine, Sentra AM, Sentra PM, and Gabadone. The medical records provided for review do not indicate a medical necessity for Retro Gabadone #120. The Official Disability Guidelines describes it as a medical food that contains choline bitartrate, glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. The MTUS is silent on medical foods, but the Official Disability Guidelines does not recommend the use of medical foods.

