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| Case Number: | CM15-0033297 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 11/27/2013 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported injury on 11/27/2013. The mechanism of injury was cumulative trauma. The injured worker underwent MRIs of the cervical spine and lumbar spine and x-rays of the cervical and lumbar spine. The injured worker underwent an MRI of the right elbow without contrast. The injured worker underwent an MRI of the right shoulder without contrast. The documentation of 01/12/2015 revealed the injured worker had cumulative trauma due to heavy lifting and exposure to dust. The injured worker was treated with physical therapy and infrared therapy. The most recent documentation was dated 01/17/2015 and it was noted to be a charge slip for therapy. However, no physician documentation was submitted for review requesting the medications and medical foods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: Upheld

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

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, Theramine.

Decision rationale: The Official Disability Guidelines do not recommend Theramine. There was a lack of documented rationale for the request. The request as submitted failed to indicate the frequency for the requested medical food. Additionally, there was a lack of documentation indicating whether the injured worker had utilized the medical food previously. Given the above, the request for Theramine #90 is 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.

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, Sentra PM.

Decision rationale: The Official Disability Guidelines do not recommend Sentra PM. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra PM #60 is not medically necessary.

GABAdone #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.

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, GABAdone.

Decision rationale: The Official Disability Guidelines do not recommend GABAdone. There was a lack of physician documentation requesting the medical food. There was a lack of documentation per the submitted request indicating the frequency for the requested medical food. Given the above, the request for GABAdone #60 is 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).

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 Foods;

<http://www.marvistahealthcenter.com/medicalfoods/SentraAMProductMonograph.pdf>.

Decision rationale: The Official Disability Guidelines indicate that medical foods are not recommended for chronic pain. However, to be considered a medical food, the product must be a food for oral or tube feeding, must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. Per Marvista health center.com Sentra AM is a blend of Choline bitartrate and glutamate, acetyl-L-Carnitine, cocoa powder, ginkgo Biloba and grape seed extract and is utilized in the treatment of chronic and generalized fatigue, fibromyalgia, post-traumatic stress disorder. There was a lack of documented rationale for the request. The request as submitted failed to indicate the frequency for the requested medical food. Given the above, the request for Sentra AM #60 is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documented rationale for the use of the medication. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for side effects. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 150 mg #60 is not medically necessary.