

Case Number:	CM15-0073275		
Date Assigned:	04/23/2015	Date of Injury:	10/01/2002
Decision Date:	07/07/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 67-year-old female who sustained an industrial injury on 10/01/2002. She reported pain in the neck and low back. The injured worker was diagnosed as having: Gastroesophageal reflux disease, secondary to stress and nonsteroidal anti-inflammatory drugs (NSAIDS); Gastritis/hiatal hernia (per EGD 06/26/2013); Irritable bowel syndrome (constipation type) secondary to stress; Anxiety depression (referred to specialist); Orthopedic diagnosis (referred to specialist). Treatment to date has included hypertensive medication through her private physician, treatment with topical medications, and diagnostic testing. Currently, the injured worker complains of musculoskeletal and right upper extremity pain rated an 8/10 on a pain scale. Her other complaints are gastritis, interrupted sleep and depression. Her blood pressure is 139/73. The treatment plan includes continuation of the topical compounded medications, and oral medications as follows: Gabacyclotram 180gms (Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%); Glucosamine sodium 500mg #90; Somnicin #30; Theramine #90; and Sentra PM #60. The IW was also encouraged to avoid further use of NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180gms (Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure, muscle relaxant, and opioid classes. The MTUS Guidelines do not recommend topical gabapentin or muscle relaxants because the literature is not sufficient to support their use. The Guidelines are silent as to the use of topical opioids, and the literature does not support their use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180g of Gabacyclotram containing 10% gabapentin, 6% cyclobenzaprine, and 10% tramadol is not medically necessary.

Glucosamine sodium 500mg #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 (ODG), Medical foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination with chondroitin sulfate may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. The submitted and reviewed documentation indicated the worker was experiencing pain in the upper and lower back and arms, problems sleeping, constipation, and anxious and depressed moods. The documented pain assessments were minimal and did not include many of the elements encourage by the Guidelines. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of glucosamine sulfate is not medically necessary.

Somnicin #30: 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), Medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Somnicin (somnidoricin): Natural sleep aid. Advanced Rx Management. <http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf>. Accessed 07/03/2015.

Decision rationale: Somnicin is a medicinal food containing melatonin, 5-hydroxytryptophan, L-tryptophan, vitamin B6 (pyridoxine), and magnesium. The MTUS Guidelines are silent on this issue but require that the use of treatments be scientific and evidence-based. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Somnicin in the treatment of the worker's active issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Somnicin is not medically necessary.

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 (ODG), Medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Theramine product information. Accessed 08/14/2014. <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monomograph.pdf>, accessed 07/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Theramine is a medicinal food that contains L-arginine, L-glutamine, L-histadine, choline bitartrate, 5-hydroxytryptophan, GABA, L-serine, grape-seed extract, cinnamon bark, whey protein, cocoa, and metabrine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Theramine in the treatment of the worker's active issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of theramine 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 (ODG), Medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra-PM product information. http://tmedpharma.com/docs/monographs-10-09/Sentra_PM_Monograph_v_Final_10-15-2009.pdf. Accessed 07/03/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Sentra-PM is a medicinal food that contains choline bitartrate, 5-hydroxytryptophan, glutamate, cocoa, hawthorn berry, ginkgo biloba, and acetyl-L-carnitine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation concluded the worker was suffering from neck strain, fibromyalgia, and major depressive disorder. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Sentra-PM in the treatment of the worker's active issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Sentra-PM is not medically necessary.