

Case Number:	CM15-0077880		
Date Assigned:	04/29/2015	Date of Injury:	06/29/2012
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
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 59 year old male, who sustained an industrial injury on June 29, 2012. He has reported neck pain, arm pain, and shoulder pain. Diagnoses have included cervical spine radiculopathy, cervical spine disc protrusion, left shoulder osteoarthritis, left shoulder adhesive capsulitis, and left elbow strain/sprain. Treatment to date has included medications, shoulder surgery, steroid injection, and home exercise. A progress note dated January 21, 2015 indicates a chief complaint of neck pain radiating to the bilateral upper extremities with numbness and tingling, left shoulder pain, and left elbow pain. The treating physician documented a plan of care that included medications.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical foods.

Decision rationale: The request is for Theramine, a medical food prescribed for a patient with chronic neck and upper extremity pain. Product information for Theramine states that it is, "A source of amino acids for patients with certain types of pain syndromes." There is no scientific data supporting the use of amino acids for pain syndromes. The ODG states that medical foods are not recommended, thus this request is not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical foods.

Decision rationale: The request is for Sentra AM in a patient with chronic neck and upper extremity pain. Sentra AM is classified as a medical food and is not addressed by the MTUS. It is formulated to increase production of acetylcholine for the dietary management of fatigue and cognitive disorders. Components include choline and acetylcholine. The ODG states in regard to medical foods, There is no known use for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This claimant is not on parenteral nutrition or suffering from liver deficiency, therefore the request is not medically necessary.

Gabaclotram 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for Gabaclotram, a compounded topical analgesic containing Gabapentin, Cyclobenzaprine and Tramadol. Gabapentin is not recommended by MTUS guidelines as a topical analgesic. Muscle relaxants, such as cyclobenzaprine are not recommended as a topical agent. Opioids such as Tramadol are also not recommended as a topical agent. MTUS guidelines state, "any compounded product that contains at least one drug (or drug class that is not recommended is not recommended." Therefore, this request is not medically necessary.