MAXIMUS Federal Services

Case Number:	CM15-0096502		
Date Assigned:	05/26/2015	Date of Injury:	09/21/2011
Decision Date:	06/26/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 66-year-old male, who sustained an industrial injury on 09/21/2011. He has reported subsequent neck, back and left knee pain and was diagnosed with cervical and lumbar radiculopathy, thoracic and lumbar disc protrusion, lumbar spinal stenosis and left knee internal derangement. Treatment to date has included oral pain medication, a home exercise program and surgery. In a progress note dated 04/17/2015, the injured worker complained of constant neck pain, radiating to the bilateral upper extremities associated with numbness and tingling, constant low back pain radiating to the lower extremities associated with numbness and tingling and constant left knee pain. Objective findings were notable for tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine and decreased sensation to light touch along the L4 to S1 nerve root distribution along the right lower extremity. A request for authorization of Theramine was submitted for chronic pain, fibromyalgia, neuropathic pain and inflammatory pain and a request for Sentra was submitted for management of fatigue, cognitive disorders and posttraumatic stress disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #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, Pain, Theramine, 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 - Theramine.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines specifically address Theramine. The Guidelines review the ingredients and purported benefits and specifically state that it is not recommended for the management of chronic pain. There are no unusual circumstances to justify an exception to Guidelines. Theramine #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, Pain, 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 - Sentra/medical foods.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address in detail Sentra as a "medical food". The Guidelines conclude that it use is not recommended for chronic pain or problems associated with chronic pain. There are no unusual circumstances to justify an exception to Guidelines. The Sentra AM #60 is not medically necessary.