

Case Number:	CM13-0047665		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2002
Decision Date:	10/06/2015	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on 7-19-2002. Diagnoses have included myalgia and myositis, carpal tunnel syndrome and temporomandibular joint disorders not otherwise specified. Treatment to date has included carpal tunnel surgery, magnetic resonance imaging (MRI) and medication. According to the progress report dated 9- 10-2013, the injured worker complained of continued total body pain, chronic fatigue and problems sleeping. She recently was treated for pneumonia. She had morning gel phenomenon. Objective findings revealed very tender back paraspinals. Authorization was requested for prescription of Sentraflox AM-10 (Sentra AM & FI) #180 dispensed on 09/10/13 and prescription of Theratramadol 90 (Theramine-90) #300 dispensed on 09/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Sentraflox AM-10 (Sentra AM & FI) #180 dispensed on 09/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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) Sentra PM.

Decision rationale: This is a review for the requested Sentraflox AM-10. According to the Official Disability Guidelines, Sentra is a medical food and is not recommended. The MTUS Guidelines are silent on this issue. There is no documentation to support the reason for the prescription of this medical food. In addition, medical foods do not have to register with or approved by the United States FDA. For these reasons the above listed issue is not medically necessary.

Retrospective prescription of Theratramadol 90 (Theramine-90) #300 dispensed on 09/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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) Medical foods.

Decision rationale: This is a review for the requested Theratramadol 90 (Theramine 90). According to the sales website this product is considered to be a medical food that consists of a proprietary blend of ingredients. The intention is for treatment of inflammatory conditions. According to the ODG medical foods are not recommended. In addition, there are no high quality studies to support the use of this product. For this reason the above listed issue is not medically necessary.