

Case Number:	CM13-0004583		
Date Assigned:	12/27/2013	Date of Injury:	06/09/1991
Decision Date:	02/14/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year-old male firefighter with an industrial injury claim date of 6/9/1991. There was not any specific cause of onset of the injury, but was reported to have occurred after doing various physical activities in performing drills. He underwent a lumbar laminectomy and discectomy in 1992, and was awarded future medical care. The IMR application shows a dispute with the 7/22/13 UR decision. The 7/22/13 UR decision was from [REDACTED] and recommended denial for use of Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM number one hundred twenty (120) X 290-40-15 capsules with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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)

Decision rationale: MTUS and ACOEM do not have guidelines on Sentra PM therefore ODG guidelines were consulted. ODG guidelines state Sentra PM is a medical food intended for management of sleep disorders, and refers readers to the Medical Food section. ODG for medical

foods states, "To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision". The 7/22/13 UR denial was based on the 7/9/13 report from [REDACTED]. The 7/9/13 report does not discuss sleep issues, or mention efficacy of Sentra PM or give any indication that it is being used under medical supervision. The prior reports from [REDACTED] are dated 3/13/13, and 5/14/13 and does not discuss sleep problems or efficacy. The use of Sentra PM is not in accordance with ODG guidelines.