

Case Number:	CM13-0017702		
Date Assigned:	10/11/2013	Date of Injury:	01/03/2001
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 Preventative Medicine and Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain and fibromyalgia reportedly associated with an industrial injury of January 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; medical foods, muscle relaxants; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 13, 2013, the claims administrator denied a request for a medical food. The applicant's attorney later appealed, on August 28, 2013. On June 7, 2013, the attending provider writes an appeal for the medical foods. Progress report of September 26, 2013, is notable for comments that the applicant is status post prior lumbar and cervical laminectomy. The applicant has total body pain, chronic fatigue, and multifocal pain. The applicant exhibits a normal neurologic exam, is placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentraflox AM #180, DOS 7/3/13: 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), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

Decision rationale: This represents an amalgam of Sentra, a medical food, and Prozac, an antidepressant. The MTUS does not address the topic of medical foods. As noted in the ODG Chronic Pain chapter, Sentra is a medical food. However, medical foods, per ODG, are not recommended except in cases where an applicant carries a diagnosis or has a specific nutritive requirement. In this case, however, there is no indication or evidence that the applicant's chronic pain syndrome/fibromyalgia carries any specific nutritive requirements. Therefore, the original utilization review decision is upheld. The request remains noncertified.