

<b>Case Number:</b>	CM13-0019981		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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/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 patient is a 62-year-old female who reported an injury on 05/10/2002. The patient is currently diagnosed with myalgia and myositis and lumbar disc displacement. The patient was seen by the physician on 09/18/2013. The patient complained of persistent total body pain, chronic fatigue, and problems sleeping. Physical examination revealed no new joint swelling, normal neurologic examination, and no rheumatoid arthritis deformities. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF 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 (ODG), Chronic Pain Chapter, and 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), Chronic Pain Chapter, and Medical Food.

**Decision rationale:** A supplemental report submitted by the physician on 08/30/2013 indicated that Sentra AM was a specially formulated medical food product for the dietary management of

the metabolic processes of fatigue and cognitive disorders. Official Disability Guidelines state medical food is recommended under specific indications. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the clinical notes submitted, the patient has continuously utilized this medication. The patient continues to report total body pain with chronic fatigue and sleeping disturbance. The patient's physical examinations for the past year have indicated no new joint swelling, normal neurologic examination, and no rheumatoid arthritis deformities. There is no documentation of a significant improvement in the patient's condition despite the ongoing use of this particular medication. The medical necessity has not been established. Therefore, the request is not medically necessary.