

Case Number:	CM13-0024404		
Date Assigned:	11/20/2013	Date of Injury:	05/03/2005
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 reportedly associated with an industrial injury of May 3, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and psychotropic medications. In a utilization review report of September 9, 2013, the claims administrator denied a request for Sentra, a medical food. The applicant's attorney later appealed. An earlier note of June 19, 2013 is notable for comments that the applicant has ongoing complaints of neck pain, low back pain, mid back pain and shoulder pain with associated weakness about the lower extremities. The applicant is asked to obtain a lumbar MRI and multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra, AM and PM: 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)

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).

Decision rationale: The MTUS do not address the topic. As noted in the ODG Chronic Pain Chapter, medical food topic, medical foods such as Sentra are not recommended as a prescription unless there is evidence that the applicant carries a diagnosis or disease process for which there is specific nutritive requirement. In this case, however, there is no evidence that the applicant's chronic low back pain/chronic pain syndrome has any specific nutritive requirements. The request for Sentra AM and PM, is not medically necessary and appropriate.