

Case Number:	CM13-0025071		
Date Assigned:	06/06/2014	Date of Injury:	08/20/2013
Decision Date:	07/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 57-year-old female with an 8/20/03 date of injury. At the time of request for authorization for Sentra PM medical food, #60, Sentra PM medical food, #60 and Synovacin-glucosamine sulfate 500 mg #90, there is documentation of subjective findings of right knee and low back pain and objective findings of gait grossly normal and non-antalgic. The current diagnoses are degeneration lumbar lumbosacral disc, lumbago, and pain joint lower leg, right knee. The treatment to date includes epidural steroid injections, Synvisc injections, and medications including Sentra PM and Synovacin-glucosamine since at least 3/13. The 3/27/13 medical report identifies that the patient is taking Sentra PM medical food for sleeplessness, and this does not cause cognitive dysfunction and is giving the patient pain reduction. In addition, medical report identifies that the patient started on glucosamine and this helped the knee pain and patient is walking better. Regarding the requested Sentra PM medical food, #60 and Sentra PM medical food, #60, there is no documentation of an altered metabolic process of sleep disorder associated with depression. Regarding the requested Synovacin-glucosamine sulfate 500 mg #90 (MS), there is no documentation of imaging findings consistent with moderate arthritis pain of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM MEDICAL FOOD, #60 - DISPENSED 3/27/2013 QUANTITY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation FDA and National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with depression. California MTUS does not address the issue. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food. Within the medical information available for review, there is documentation of diagnoses of degeneration lumbar lumbosacral disc, lumbago, and pain joint lower leg, right knee. In addition, functional benefit or improvement as a result of Sentra PM uses to date. However, there is no documentation of an altered metabolic process of sleep disorder associated with depression. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM medical food, #60 is not medically necessary.

SENTRA PM MEDICAL FOOD, #60 - DISPENSED 6/19/2013 QUANTITY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation , FDA and National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

Decision rationale: An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with depression. California MTUS does not address the issue. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food. Within the medical information available for review, there is documentation of diagnoses of

degeneration lumbar lumbosacral disc, lumbago, and pain joint lower leg, right knee. In addition, functional benefit or improvement as a result of Sentra PM uses to date. However, there is no documentation of an altered metabolic process of sleep disorder associated with depression. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM medical food, #60 is not medically necessary.

SYNOVACIN-GLUCOSAMINE SULFATE 500MG #90 (MS) - DISPENSED 6/19/2013
QUANTITY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), page(s) 50 Page(s): 50.

Decision rationale: California MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration lumbar lumbosacral disc, lumbago, and pain joint lower leg, right knee. In addition, there is documentation of functional benefit or improvement as a result of Synovacin-glucosamine use to date. However, there is no documentation of imaging findings consistent with moderate arthritis pain of the knee. Therefore, based on guidelines and a review of the evidence, the request for Synovacin-glucosamine sulfate 500 mg #90 (MS) is not medically necessary.