

Case Number:	CM13-0030939		
Date Assigned:	12/04/2013	Date of Injury:	08/06/2008
Decision Date:	01/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 patient is a 51-year-old male who reported a work related injury on August 06, 2008, as a result of strain to the neck and lumbar spine. The most recent clinical note submitted for review is dated July 17, 2013 with an evaluation of the patient under the care of [REDACTED]. The provider documents the patient presents for treatment of acid reflux, hemorrhoids, and irritable bowel syndrome. The provider documented the patient's medications prescribed from his office include Dexilant, ranitidine, Gaviscon, Citrucel, Colace, simethicone, probiotics, Bentyl, and Proctosol HC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter

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: The clinical documentation submitted for review lacks evidence of any recent clinical documentation to support the patient's utilization of Sentra AM for any sleep

pattern complaints. This medication is in a medical food group, California MTUS/ACOEM do not specifically address; however, Official Disability Guidelines indicate Sentra PM is a medical food intended for use in management of sleep disorders associated with depression that is proprietary blend of choline bitartrate, glutamate, and 5-hydroxy tryptophan. There is no medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Given the lack of documentation submitted for review evidencing the patient's failure to utilize other pharmacological interventions for his sleep pattern complaints in addition to lack of documentation evidencing the patient's reports of efficacy with the requested medication, the request for Sentra AM is not medically necessary nor appropriate.