

<b>Case Number:</b>	CM13-0033071		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 pain syndrome, chronic low back pain, and chronic knee pain reportedly associated with an industrial injury of August 9, 2011. Thus far, the applicant has been treated with analgesic medications, medical foods, psychotropic medications, sleep aids, transfer of care to and from various providers in various specialties, interventional spine procedure, and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 25, 2013, the claims administrator denied a request for Sentrazolpidem, an amalgam of Sentra, medical food, and Zolpidem, a sleep aid. The applicant's subsequently appealed. An earlier note of January 23, 2013 is notable for comments that the applicant is off of work, on total temporary disability, is considering both knee and spine surgery. Multiple handwritten notes interspersed throughout 2013 are notable for the comments that the applicant is off of work, on total temporary disability. On October 14, 2013, the applicant was described as having ongoing low back and knee pain. Limited knee range of motion is noted. The applicant was asked to continue physical therapy and remain off of work. On September 9, 2013, the applicant was again described as status post knee arthroscopy and again placed off of 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:

**SENTRAZOLPIDEM PM DISPENSE 8/12/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Other Clinical Protocol

**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, Zolpidem Topic, Sentra Topic and Medical Foods Topic.

**Decision rationale:** The California MTUS does not address the topic. As noted previously, Sentrazolpidem is an amalgam of Sentra, a medical food, and Zolpidem, a sleep aid. As noted in the ODG Chronic Pain Chapter, Zolpidem Topic, Zolpidem is a sleep aid which is approved for short-term insomnia treatment purposes, typically in the order of two to six weeks. It is not recommended, on the chronic, long-term, sustained, and/or scheduled basis for which it is being proposed here. The ODG Chronic Pain Chapter similarly states that medical foods such as Sentra are not recommended except in cases in which an applicant has a diagnosis or disease process for which there is a specific nutritive requirement. In this case, the applicant's chronic pain syndrome does not have any specific nutritive requirement. Since both ingredients in the compound carry unfavorable recommendations, per ODG, the request is not certified, on independent medical review.