

Case Number:	CM13-0033743		
Date Assigned:	12/06/2013	Date of Injury:	06/05/2008
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice 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 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.

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 58-year-old female who reported an injury on 06/05/2008 due to cumulative trauma. The patient reported injury to her cervical spine and bilateral wrists and hands. Surgical intervention included bilateral carpal tunnel release and 3-level anterior cervical discectomy and fusion (ACDF) of the cervical spine. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed a regular rate and rhythm S1 and S2 of the heart, a heart rate of 89 beats per minute, and a weight of 418 pounds. The patient's medications included Citrucel 1 to 2 tablets, 3 times daily, Colace 250 mg twice daily as needed, Sentra Number 60 one bottle a.m., Sentra 1 bottle p.m. The patient's treatment plan included a sleep study, continued monitoring of blood pressure and glucose levels, and a low sodium, low glycemic diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM, Number 60,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 Chapter, Medical Food and Other Medical Treatment Guideline or Medical Evidence:
<https://www.google.com/search?q=Sentra&rls=com.microsoft:en-US:IE-Address&ie=UTF8&oe=UTF8&sourceid=ie7#q=Sentra+Medication&rls=com.microsoft:>

Decision rationale: The requested Sentra AM, Number 60, Prescription date of service August 28, 2013 is not medically necessary or appropriate. Sentra AM is a medical food intended for the use and management of endurance aid, memory, seizures, and transient ischemic attacks. The Official Disability Guidelines state there is no scientific evidence to support the efficacy of this product. The product contains choline. The Official Disability Guidelines state, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition for individuals with choline deficiency secondary to liver deficiency." The clinical documentation submitted for review does not provide any evidence that the patient has a liver deficiency that would contribute to a choline deficiency. As such, the requested Sentra AM, Number 60, Prescription date of service August 28, 2013 is not medically necessary or appropriate.

Sentra PM, Number 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. 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 Chapter, Medical Food and Other Medical Treatment Guideline or Medical Evidence:
http://tmedpharma.com/docs/monographs-10-09/Sentra_PM_Monograph_v_Final_10-15-2009.pdf

Decision rationale: not medically necessary or appropriate. This medication is a medical food generally intended to be used in the management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-Hydroxytryptophan. The Official Disability Guidelines state this medication is an alternative medicine used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches, and various pain disorders. However, the clinical documentation submitted for review does not provide a nutritional deficit that would require medical food. Additionally, the clinical documentation does not establish functional benefit as a result of the medical food. As such, the requested Sentra PM, Number 60, Prescription date of service August 28, 2013 is not medically necessary or appropriate.