

<b>Case Number:</b>	CM13-0035729		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Orthopedic Surgery 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:

The injured worker is a 39-year-old male who was reportedly injured on December 16, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated November 21, 2013, indicates that there are ongoing complaints of esophageal reflux symptoms, depression and shortness of breath. There was a normal physical examination. Lab tests were ordered and a pulmonary function test was ordered due to ongoing shortness of breath. Medications were refilled including Ventolin, Advair, Veramyst, Synthroid, Prilosec, Lidex, and Sentra. The injured employee was advised to discontinue usage of non-steroidal anti-inflammatory drugs. A request had been made for Sentra AM and Sentra PM and was not certified in the pre-authorization process on September 23, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:[http://nutrientpharmacology.com/sentra\\_AM.html](http://nutrientpharmacology.com/sentra_AM.html).

**Decision rationale:** Sentra AM is a neurotransmitter-based medication designed to help with the assistance of cognitive disorders. There is no mention of the injured employee having any of these issues. This request for Sentra AM is not medically necessary.

**Sentra PM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3619436/>.

**Decision rationale:** Sentra PM is a neurotransmitter-based medication for use in the management of sleep disorders. There is no mention of the injured employee having sleep issues requiring the use of this medication. This request for Sentra PM is not medically necessary.