

Case Number:	CM13-0038947		
Date Assigned:	12/18/2013	Date of Injury:	09/22/2007
Decision Date:	02/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in New York. 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 claimant is a 46 year old female who sustained a work related injury on 09/22/2007. The mechanism of injury was not provided. Her diagnosis includes neck pain, right shoulder pain, and complex regional pain syndrome of the right upper extremity. On exam she complains of neck pain radiating into both upper extremities, more on the right side with numbness, weakness, and increased sensitivity. MRI of the cervical spine reveals a 2 to 3 mm disc bulge at the C5-C6 level with an annular tear, disc protrusion at the C5-6 level with bilateral foraminal narrowing at the C4-5 level with unilateral neural foraminal narrowing at C2-C3, C3-C4, and C5-C6. MR arthrogram on the right shoulder revealed tendinopathy and partial tearing of the supraspinatus tendon. The treating provider has requested Sentra AM/PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Sentra AM #60, Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Sentra AM /PM product Information

Decision rationale: There is no documentation provided necessitating the use of Sentra AM/PM. The product is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, neurotoxicity-induced fatigue syndrome and cognitive impairment involving arousal, alertness, and memory. It is a medical food that must be used under the supervision of a physician. There is no documentation provided indicating the patient has any of the above conditions and that any food supplement is required to provide a balance of this product's specific components to meet any increased requirements of muscle dysfunction sleep disturbances, cognitive impairment, and chronic stress. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.