

<b>Case Number:</b>	CM13-0041605		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 35-year-old male with date of injury 04/01/2013. The treating physician, [REDACTED], report from 08/09/2013 has the patient presenting with elbow, wrist, and right ankle pain. The patient is status post right wrist open reduction with percutaneous fixation of right lunate, repair of the lunotriquetral ligament, right carpal tunnel release on April 1st with [REDACTED]. The listed diagnoses are dislocated wrist, anterior dislocation of elbow. Listed medications are Ultracet, Sentra PM. The treater indicates that patient experiences pain relief with the use of tramadol and improvement in his sleep with Sentra PM. Review of other reports shows the patient using Sentra PM for sleep per reports, 11/01/2013, 07/12/2013, and 10/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of 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 Official Disability Guidelines (ODG) Medical Foods: Recommended as indicated below. Definition: Defined in section 5 (b) of the Orphan Drug Act

(3) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and

**Decision rationale:** This patient presents with chronic wrist and elbow pain, being status post open reduction fixation for fracture. The treating physician has been prescribing Sentra PM to help with this patient's insomnia. This request was denied by utilization review letter, 09/18/2013. Search for Sentra PM on internet, tmedpharma.com, shows that Sentra PM is intended for use in the management of sleep disorder associated with depression. Sentra PM contains choline bitartrate, glutamate, 5-hydroxytryptophan; polyphenolic antioxidants; and amino acid uptake stimulator; or ginkgo biloba; activators of amino acid utilization; and an adenosine antagonist, a cocoa powder. While Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines do not discuss this product, Official Disability Guidelines provided discussion regarding medical foods. For medical foods, it states, "The product must be labeled for dietary management to be specific, medical disorder, disease, or condition for which there are distinctive nutritional requirements". In this patient, the patient's condition of insomnia does not carry a distinctive nutritional requirement. Official Disability Guidelines also states under "choline" states that this is a precursor of acetylcholine, and that there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. In this patient, choline that is included in Sentra PM is used for patient's insomnia and Official Disability Guidelines list choline as a medical food supplementation for long-term parenteral nutrition or with choline specific deficiency due to liver problems. The request for 1 prescription of Senta PM #60 is not medically necessary.