

Case Number:	CM13-0044653		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2011
Decision Date:	04/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 58 year old who was injured following a fall on December 5, 2011. The patients' diagnoses included insomnia, anxiety, depression, lumbar spondylosis and neuropathic pain syndrome. [REDACTED] noted on September 19, 2013 that the subjective complaints of severe back pain with radiation to the groin and lower extremities were not supported by objective findings. The medications listed are Sentra PM, Tylenol #4 and Opana for pain and Elavil for depression. The patient had completed chiropractic therapy and lumbar epidural steroid injections. A Utilization Review determination was rendered on October 18, 2013 recommending non-certification of Sentra PM, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SENTRA PM #60 TABS: 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);Pain Chapter

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, Food Supplement.

Decision rationale: The California MTUS Guidelines are silent on the use of medical food supplements in the treatment of pain syndromes. The ODG Pain Chapter addressed the lack of indication for the use of food medical preparations in the treatment of chronic pain syndromes. There is no quality peer reviewed publication or FDA approved indication on the beneficial effects of Sentra pm in the treatment of chronic pain. Sentra pm also known as Theramine is a medical food blend of gamma amino butyric acid (GABA), choline bitartrate, L-arginine and L-serine. Sentra pm is marketed for use as a medical food blend. The patient is being treated with opioid medications, Elavil and metaxalone. There is no documented special indication or benefit with the use of a medical food blend.