MAXIMUS Federal Services

Case Number:	CM13-0047280		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2000
Decision Date:	06/09/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine, and is licensed to practice in California, Colorado, Kentucky, and 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 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 59-year-old female injured on October 24, 2000 due to an industrial injury. Diagnoses included myalgia and myositis, gout without manifestation, and discoid lupus erythematosus eyelid. Clinical documentation indicated the patient continued to complain of total body pain, chronic fatigue, difficulty sleeping, and morning gel phenomenon for approximately 30 minutes with no new joint swelling. The patient reported that knee bracing was performed with continue complaint of knee pain. The patient reported skin lesions on her hands, increased headaches, and insomnia. Objective findings included no new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, bilateral knee tenderness, varum deformity, and skin lesions on both arms/legs/feet. Plan was to renew Sentra Zolpidem PM-5, Sentraflox, benemid, and K-dur.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRAFLOX AM-10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Sentra PMâ¿¢ Section.

Decision rationale: According to the Official Disability Guidelines, Sentra is a medical food intended for use in management of sleep disorders associated with depression. There is no indication in the documentation that the patient has been appropriate evaluated and diagnosed with depression. Additionally, medical foods do not have to be registered with or approved by the United States Federal Drug Administration. The request for Sentraflox AM-10 is not medically necessary or appropriate.