MAXIMUS Federal Services

Case Number:	CM13-0050966		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	05/08/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] Medical Center employee who has filed a claim for myalgias, myositis, and fibromyalgia associated with an industrial injury sustained on October 18, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. In an August 1, 2013 progress note, the applicant is described as reporting multifocal pain syndrome, depression, rash, total body fatigue, and insomnia. The applicant was given a presumptive diagnosis of fibromyalgia and placed off of work, on total temporary disability. Plaquenil, Sentraflox, Neurontin, and Tramadol were endorsed. In a later note of October 2, 2013, the applicant was again described as using a variety of agents, including Plaquenil, Neurontin, Prilosec, and Ultracet. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRAFLOX 1 CAP TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Alternative Treatments section. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines, 3rd Edition).

Decision rationale: Sentraflox is an amalgam of Sentra, an alternative treatment/complementary treatment/medical food, and fluoxetine, an antidepressant. While the MTUS-adopted ACOEM guidelines do support usage of antidepressants such as fluoxetine, the MTUS does not address the topic of alternative treatments or medical foods such as Sentra. As noted in Third Edition ACOEM guidelines, complementary treatments and medical foods such as Sentra are not recommended in the treatment of chronic pain as they have no proven outcomes. Since one component in the amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request is not certified