

<b>Case Number:</b>	CM13-0052344		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/06/2003
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 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 applicant filed a claim for adjustment disorder, chronic pain syndrome, fibromyalgia, and depressed mood reportedly associated with an industrial injury of July 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; medical food/nutritional supplements; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for Sentraflox, a medical food. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 26, 2013 is notable for comments that the applicant is off of work, on total temporary disability, despite using medications including Lidoderm, Sentraflox, Prilosec, tramadol, cyclobenzaprine, and Procardia. The applicant has continued total body pain, chronic fatigue, and difficulty sleeping. The applicant is given diagnoses of postlaminectomy syndrome, Raynaud's phenomenon, and myalgias/myositis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentraflox-AM-10N:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain Chapter: Medical Foods

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines General Principles of Treatment. .

**Decision rationale:** The ACOEM Guidelines indicate that vitamins, nutritional supplements, dietary supplements, and the like are not recommended in the treatment of chronic pain as they have no proven efficacy in ameliorating the same. In this case, the applicant's failure to return to work and continued dependence on various medications and medical treatments, taken together, imply a lack of functional improvement as defined in the MTUS guidelines despite ongoing usage of Sentraflox, a nutritional supplement/dietary supplement/complimentary treatment. Therefore, the request remains non-certified, on Independent Medical Review.