

<b>Case Number:</b>	CM13-0052354		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	10/17/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 injured worker is a 55-year-old male who reported an injury on 10/22/2002. The mechanism of injury was not provided. On 05/01/2014, the injured worker presented with poor sleep quality, fatigue, and ongoing neck pain. On examination, the injured worker is alert, oriented, pleasant, and cooperative. Cardiovascular examination revealed positive ectopic beats occasionally. No significant findings upon physical examination. The diagnoses were abdominal pain, acid reflux secondary to stress and NSAIDs, hypertension, chest pain, hyperlipidemia, diabetes mellitus, and sleep disorder. Current medication included Dexilant, Gaviscon, Sentra AM, and Sentra PM. The provider recommended Sentra AM and Sentra PM with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was dated 05/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA AM #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), Pain, Medical Food.

**Decision rationale:** The request for Sentra AM with a quantity of 60 is not medically necessary. The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which there are distinctive nutritional requirements. The product must be a food for oral or tube feeding, and the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Additionally, the product must be used under medical supervision. The included documentation does not provide evidence that the injured worker has a specific disease or condition for which there are distinctive nutritional requirements. The lack of exceptional factors provided in the documentation to support approving outside of the guidelines recommendations. Therefore, the request is not medically necessary.

**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), Pain, Medical Food.

**Decision rationale:** The request for Sentra PM with a quantity of 60 is not medically necessary. The Official Disability Guidelines state medical food is recommended when it is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which there are distinctive nutritional requirements. The product must be a food for oral or tube feeding, and the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Additionally, the product must be used under medical supervision. The included documentation does not provide evidence that the injured worker has a specific disease or condition for which there are distinctive nutritional requirements. The lack of exceptional factors provided in the documentation to support approving outside of the guidelines recommendations. Therefore, the request is not medically necessary.