

Case Number:	CM13-0053981		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2008
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 patient is a 33 year old male who was injured on 12/19/2008 while the patient was framing a wall when he suddenly slipped and lost his balance sustaining injuries to his left knee, right shoulder, lumbar and cervical spine. Prior treatment history has included the following medications: 1. Sentra AM & PM 2. Theramine 3. Prozac 4. Gaboxetine 5. Ambien 6. Xanax The patient underwent surgery to his left knee on 03/24/2009 and his right shoulder on 12/14/2009. PR-2 dated 10/22/2013 documented the patient to have complaints of right shoulder pain. The remainder of subjective exam is illegible. Diagnosis: Status post right shoulder arthroscopy.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Foods.

Decision rationale: The CA MTUS Pain Treatment guidelines are silent with respect to Sentra AM. However, ODG Guidelines mention a definition of medical foods. Sentra AM is a medical food designed to increase production of acetylcholine in peripheral neurons. There is no published studies showing the efficacy of this medical food in the orthopedic operations recovery process that this patient has undergone. Therefore, in my opinion, Sentra AM is not medically necessary.