

<b>Case Number:</b>	CM13-0054042		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain Management 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 34 year old male who sustained work-related injuries on December 19, 2008. Medical records provided are urine drug screening test results collected/performed on the following dated April 2, 2013, June 2, 2013, June 23, 2013, August 30, 2013, and September 27, 2013. No other medical records were found. The primary diagnosis is based on international classifications of disease code found 726.1 for rotator cuff syndrome of shoulder and allied disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM #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) Pain, Medical Food.

**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:** Sentra PM #60 can be generally classified as a medical food which is intended to help provide short-term treatment of insomnia characterized by difficulties with sleep

initiate. Its active components are zolpidem tartrate and choline. Evidence-based guidelines define medical food as a food which 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 distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, the presented records do not establish that the injured worker has a specific disease, condition or has a dietary need that can be addressed by medical food. Therefore, the requested Sentra PM #60 is not medically necessary.