

Case Number:	CM13-0059218		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2007
Decision Date:	06/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Texas. 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 62 year old male injured on 02/20/07 when he stepped on rebar and twisted his right knee and leg. The patient underwent right knee replacement on 11/03/09 and had lap band surgery on 01/04/13 for non-industrial reasons. The patient continues to complain of severe low back, hip, knee, and left sciatic pain. Physical examination reveals bilateral hip decreased range of motion with tenderness, left knee decreased range of motion with tenderness and mild edema, back tenderness to palpation with reduced range of motion and decreased sensation in the bilateral lower extremities, and significant weakness in the lower extremities. As of 10/31/13, current medications include Losartan, Protonix, Oxycodone, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 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), online version, Pain (Chronic), Sentra PM.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - online version, the use of herbal medicines or medical foods is not recommended. There is no indication in the documentation that the patient has failed previous prescription medications or has obvious contraindications. Additionally, there is no indication that the patient cannot utilize the over-the-counter version of this medication. Sentra is intended for use in management of sleep disorders associated with depression. The documentation does not indicate the patient has been treated for symptoms associated with depression. As such, the request for Sentra PM, cannot be recommended as medically necessary.