

Case Number:	CM13-0062779		
Date Assigned:	12/30/2013	Date of Injury:	05/27/1999
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/09/2013

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 applicant is a represented [REDACTED], California employee who has filed a claim for chronic shoulder, thumb, index finger, upper extremity pain, and myofascial pain reportedly associated with an industrial injury of May 27, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; dietary supplements; psychotropic medications; prior shoulder arthroscopy; and trigger point injection therapy. In a utilization review report of November 14, 2013, the claims administrator denied a request for Sentra, a dietary supplement. On December 12, 2013, the attending provider appealed the denial of Sentra for chronic pain use purposes. The applicant had ongoing issues with shoulder pain, it was stated. It was stated that Sentra is being endorsed both for sleep and chronic pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA: 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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Alternative Treatments Section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, nutritional supplements, dietary supplements, or alternative treatments such as Sentra are "not recommended" in the treatment of chronic pain as they have no demonstrated benefits in terms of favorable functional outcomes. In this case, the attending provider has not proffered any applicant specific information so as to try and offset the unfavorable ACOEM recommendation. The applicant is off of work. The applicant has failed to effect any lasting benefit or functional improvement as a result of ongoing Sentra usage. Therefore, the request is not certified, on Independent Medical Review.