

<b>Case Number:</b>	CM13-0062965		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty 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:

This is a patient with a date of injury of 8/21/08. 9/19/13 medical report identifies that an 8/7/13 toxicology report detected none of the analyses tested. 9/18/13 medical report identifies no change in sleep quality or anxiety. On exam, no abnormal findings were noted. A urine toxicology screen was performed and Sentra PM was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM, 60 COUNT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food and Sentra PM

**Decision rationale:** Regarding the request for Sentra PM, California MTUS does not address the issue. ODG cites that Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of

hypochlorhydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Within the documentation available for review, there is no indication of a condition for which the components of Sentra PM are supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.

**1 URINE TOXICOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuses/Addiction Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for urine toxicology, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, testing was performed less than 2 months prior to the current request and there is no documentation of risk stratification identifying a patient at moderate or high risk for drug misuse, abuse, or diversion. In light of the above issues, the currently requested urine toxicology is not medically necessary.