

Case Number:	CM13-0068701		
Date Assigned:	01/03/2014	Date of Injury:	02/18/2010
Decision Date:	04/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 47-year old female with a date of injury of 2/18/10. The patient injured herself in the course of work as a phlebotomist. She was found on electrodiagnostic studies to have left CTS and underwent an endoscopic carpal tunnel release on 6/24/10. She remained symptomatic and subsequently had surgery for lateral epicondylitis on 9/09/10. The patient developed shoulder problems, and MRI did show RTC pathology. She was also diagnosed with atypical CRPS. She had left shoulder surgery on 6/15/12. She has also been followed for multiple internal medicine issues, including GERD, gastritis, IBS, rectal bleeding, IDDM, HTN, arteriosclerotic retinopathy, proteinuria, obesity, hyperuricemia, renal insufficiency, sleep disorder and lower extremity paresthesias. The patient is noted to have been previously treated with Aciphex for GERD. A request for Sentradine was reviewed in Utilization Review on 12/12/13. Certification was not recommended for this medication. The rationale for denial was that generic Ranitidine could have been used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro sentradine (Sentra PM & Ranitidine), #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ranitidine Official FDA information at www.drugs.com/pro/ranitidine.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125, Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Medical Food.

Decision rationale: The MTUS Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. The MTUS guidelines and ACOEM 2nd edition guidelines are silent on medical foods, but the 2nd revised Low back chapter does address use of Sentra. This is considered a medical food or complementary/alternative treatment, and not recommended by the ACOEM. This opinion is corroborated by the ODG, which also does not recommend medical foods, unless there is clear documentation of a true deficiency with medical necessity for supplementation of the documented deficiency. There is no nutritional deficiency documented in this employee, and the supplement is prescribed not to correct a deficiency, but rather to treat symptoms. While generic Ranitidine may be appropriate in this employee with GERD, there is no evidence that supports any additional clinical benefit from compounding this with Sentra. Medical necessity is not established for Sentradine.