

Case Number:	CM13-0072653		
Date Assigned:	01/10/2014	Date of Injury:	04/06/2006
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 48-year-old male with a date of injury on 4/6/2006. He was injured working as a plumber; falling and slipping at work and sustaining a back injury. Diagnoses include chronic low back pain, multiple disc disorders, lumbar radiculopathy (compressed or inflamed nerve root in the spine). He has also been diagnosed with urinary bladder and sexual dysfunction and suffers from back pain. Extensive treatment has been provided including several medications, physical therapy, acupuncture as well as lumbar epidural injections. Some of the medications include opiates, soma, antidepressants, Cymbalta, trazodone and Lidoderm patches. He has also received Toradol injections and Medrol Dosepak. There has been prolonged use of tramadol 50 mg tablet up to 240 tablets per month. The treating physician prescribed Sentra PM 2 capsules, 1-2 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM TWO CAPSULES ONE TO TWO TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), (2007), page 125

Decision rationale: Sentra PM has been marketed for use in management of sleep disorders associated with depression. It is a blend of choline bitartrate, glutamate and 5-hydroxytryptophan. ACOEM guidelines 2007, page 125 reference by MTUS 2009, state that the medical foods do not have all the quality evidence of efficacy. It is noted that patients be treated with therapies proven to be efficacious, whether or not intervention is considered complimentary. This injured worker is on numerous medications including antidepressants and tramadol. Drug interaction cannot be clearly monitored with the use of this supplement. Therefore, the request for Sentra PM is non-certified.