

<b>Case Number:</b>	CM14-0001410		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/02/2001
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Pulmonary Diseases 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 injured worker is a 56 year old female who reported an injury on 05/02/2001. The mechanism of injury was reported to be excessive stress in the workplace. Per the clinical note dated 10/30/2013 the injured worker was reportedly diagnosed with multiple sclerosis in 2003 as well as fibromyalgia in November of 2003. The injured worker reported pain everywhere but most significantly to her neck, back, and extremities. The injured worker reported difficulties with activities of daily living and walking outdoors. An EMG was conducted which showed no abnormalities. The diagnoses reported for the injured worker included fibromyalgia syndrome, multiple sclerosis, and history of carpal tunnel syndrome. The request for authorization for medical treatment was not included in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM, # 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medications, Medical Food, Sentra PM.

**Decision rationale:** Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. The Sentra is a proprietary blend of Choline Bitartrate, Glutamate, and 5-Hydroxytryptophan. The guidelines further state to be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. There is a lack of documentation regarding the injured worker having a diagnosis of a sleep disorder associated with depression. Therefore, the request for Sentra PM #60 is not medically necessary.

**SENTRA AM # 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medications, Medical Food.

**Decision rationale:** Sentra AM contains Choline and Acetylcarnitine. The Official Disability Guidelines state that to be considered as medical food the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The guidelines further state that Choline is a precursor of Acetylcholine. 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. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is a lack of documentation regarding the injured worker having any liver conditions. Therefore, the request for Sentra AM is not medically necessary.