

<b>Case Number:</b>	CM14-0002941		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/28/2006
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 60-year-old female who reported injury on 01/09/2007. The mechanism of injury was the injured worker was on the third step from the top of an 8 foot ladder and the ladder fell and the injured worker fell off the ladder into a trailer hitch and fell onto her back. The documentation of 12/11/2013 revealed the injured worker had back stiffness, numbness in the right leg and left leg and radicular pain in the right arm and left arm and weakness in the bilateral legs and pain. Diagnoses on that date included intervertebral disc disorder, thoracic intervertebral disc without myelopathy, spinal stenosis other than cervical. However, the specific medications were not requested on that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MECLIZINE 12.5 MG #30, DAILY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mecilizine-Antivert-Dramamine [drugs.com/meclizine](http://drugs.com/meclizine).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [drugs.com/meclizine](http://drugs.com/meclizine)

**Decision rationale:** Drugs.com indicates that Meclizine is used to treat or prevent nausea, vomiting and dizziness caused by motion sickness. It is also used to treat the symptoms of vertigo. The clinical documentation submitted for review failed to provide a documented rationale and there was no DWC Form RFA nor PR-2 submitted for the requested medication. The duration of use could not be established through the supplied documentation. Given the above, the request for Meclizine 12.5 mg #30 daily is not medically necessary.

**SENTRA AM #60, 1 BOTTLE FOR 1 MONTH:** 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 The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG) Pain Chapter, Medical Food , as well as Other Medical Treatment Guideline or Medical Evidence:  
marvistahealthcenter/medicalfoods/SentraAMProductMonograph.

**Decision rationale:** The Official Disability Guidelines indicate that medical food is recommended if it is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirement based on scientific principle is established by medical evaluation. To be considered, the product must meet at minimum be a food for oral feeding, be labeled for dietary management for a specific medical disorder, disease or condition which there are distinctive nutritional requirements and must be utilized under medical supervision. Per marvistahealthcenter.com, "Sentra AM is a patented blend of neurotransmitters and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-L-carnitine, glutamate, and cocoa powder); polyphenolic antioxidants (grape-seed extract, hawthorn berry, cocoa powder); an amino acid uptake stimulator (gingko biloba); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract)." The clinical documentation submitted for review failed to meet the criteria for medical foods. The duration of use could not be established through the supplied documentation. There was no DWC form RFA nor PR-2 submitted to support the requested product. There was a lack of documented rationale for the use of the product. Given the above, the request for Sentra AM #60 one bottle for 1 month is not medically necessary.