

Case Number:	CM14-0003537		
Date Assigned:	01/31/2014	Date of Injury:	08/07/2012
Decision Date:	07/21/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	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 Anesthesiology 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 patient is a 31 year old female who has submitted a claim for displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of August 7, 2012. The patient complains of neck pain radiating to the upper extremities rated 6/10 with numbness and tingling. There is occasional right shoulder pain rated 7/10; occasional right wrist/hand pain rated 3/10; and frequent bilateral knee pain rated 7/10. Physical examination showed limitation of motion and spasm of the cervical and lumbar spine, and diminished sensation of the right upper extremity at C6-8 dermatome level. The diagnoses include neck sprain/strain; brachial neuritis/radiculitis; right shoulder internal derangement; right wrist internal derangement; bilateral knee internal derangement; idiopathic peripheral autonomic neuropathy; and unspecified disorder of the autonomic nervous system. Treatment plan includes prescription for Sentra AM and Sentra PM. Treatment to date has included oral and topical analgesics, activity modification, physical therapy, chiropractic therapy and acupuncture. A utilization review from December 23, 2013 denied the requests for Sentra AM #60 because the guidelines do not support medical food unless there is a nutritional deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Chapter, Medical Food SectionX Other Medical Treatment Guideline or Medical Evidence http://www.ptlcentral.com/downloads/monographs/Sentra_AM_latest.pdf.

Decision rationale: The ODG states that medical foods are dietary management for a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. An online search showed that Sentra AM is a medical food that is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and impaired neurocognitive functions. In this case, the patient was prescribed with Sentra AM. The medical records provided for review did not show evidence that would warrant its use for the treatment of any of the patient's condition. Moreover, the ODG does not support use of medical food unless there is a nutritional deficiency which was not found in this case. The medical necessity has not been established. Therefore, the request is not medically necessary.