

<b>Case Number:</b>	CM14-0003538		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/23/2013
<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 Occupational 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:

According to the records made available for review, this is a 31-year-old female with a 8/7/12 date of injury. At the time (12/23/13) of request for authorization for Sentra PM #60, there is documentation of subjective (neck pain radiating to the upper extremities with numbness and tingling, pain rated 6/10, occasional right shoulder pain rated 7/10, occasional right wrist pain 3/10, frequent bilateral knee pain) and objective (decreased cervical spine range of motion, spasms, lumbar spine decreased range of motion with spasms, decreased sensation at C6-8) Final Determination Letter for IMR Case Number CM14-0003538 3 findings, current diagnoses (neck sprain/strain, brachial neuritis or radiculitis, right shoulder internal derangement, right wrist internal derangement, bilateral knee internal derangement, idiopathic peripheral autonomic neuropathy, unspecified disorder or autonomic system), and treatment to date (medications, activity modification PT, and chiropractic). There is no documentation of altered metabolic processes of sleep disorders associated with depression.

### 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 MTUS American College of Occupational and Environmental Medicine (ACOEM), Guidelines, 2007, Low Back Chapter, page 125.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

**Decision rationale:** An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with depression. MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of neck sprain/strain, brachial neuritis or radiculitis, right shoulder internal derangement, right wrist internal derangement, bilateral knee internal derangement, idiopathic peripheral autonomic neuropathy, unspecified disorder or autonomic system. However, there is no documentation of altered metabolic processes of sleep disorders associated with depression. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM #60 is not medically necessary.