

<b>Case Number:</b>	CM14-0006214		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/23/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 57-year-old male who reported an injury on 06/23/2003. The mechanism of injury was not provided. The injured worker's medical history included Lovaza and Sentra PM as of at least 05/29/2013. The documentation of 11/20/2013 revealed the injured worker's diagnoses were diabetes mellitus, hypertension, diabetic hypertensive retinopathy, proteinuria, hyperlipidemia, sleep disorder secondary to chronic pain and stress, rule out obstructive sleep apnea, moderate right sided hydronephrosis, tinea pedis, and sinus bradycardia (asymptomatic). The documentation indicated regarding the hyperlipidemia, the injured worker had been diagnosed with hyperlipidemia which was considered sequelae of both hypertension and diabetes and required treatment to stabilize the condition. Regarding the sleep disorder, there was no evidence of a pre-existing sleep problem and it was likely that the complaint was attributable to pain and stress. The treatment recommendation included a urine toxicology screen, and the medications including Lovaza 1 month supply 4 g daily, and Sentra PM #60. It was indicated the injured worker was currently taking Vicodin and Motrin as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF SENTRA PM #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Sentra PM.

**Decision rationale:** The Official Disability Guidelines indicate that Sentra PM is a medical food intended for use in the management of sleep disorders associated with depression. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 05/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for 1 prescription of Sentra PM #60 is not medically necessary.

**1 PRESCRIPTION OF LOVAZA #4GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Omega-3 fatty acids (EPA/DHA).

**Decision rationale:** The Official Disability Guidelines recommends Omega-3 fatty acids. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 05/2013. There was lack of documentation of a recent laboratory study to support the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Lovaza #4 g is not medically necessary.

**1 URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers when they have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for 1 urine drug screen is not medically necessary.