

Case Number:	CM14-0101226		
Date Assigned:	07/30/2014	Date of Injury:	03/07/2008
Decision Date:	10/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family 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:

51 year old female had a date of injury on 3/7/2008 when she moved a 500lb tower. She complained of lower back pain. In November of 2011 an EMG confirmed chronic L5 radiculopathy bilaterally. Patient was treated with acupuncture, chiropractors, physical therapy and an epidural. Medications include Neurontin, Ketoprofen and medical food products Sentra AM, Sentra PM and Theramine. According to medical records the most beneficial therapy has been aqua therapy. On examination dated 5/27/14 treating physician noted restricted lumbar range of movements. Patient has a diagnosis of lumbar radiculopathy and lumbar stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Sentra #60 (DOS 05/27/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web, Pain Chapter: Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sentra AM product information

Decision rationale: Sentra AM is a Medical Food used to manage fatigue and deficiencies associated with memory and concentration. Sentra AM provides the nutrients required by the

brain to reduce fatigue. Sentra AM is used as part of a program to manage acute and chronic fatigue and is designed to improve mental awareness. Sentra AM is used as part of a program to manage fibromyalgia. According to the medical records there is no diagnosis for the use of this medication for the patient and thus not medically necessary.

RETRO: Sentra PM #60 (DOS: 05/27/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web, Pain Chapter: Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Senta PM product information

Decision rationale: Sentra PM is intended for use in management of sleep disorders associated with fibromyalgia and depression. According to the medical records there is no mention of these diagnosis and thus is not medically necessary.

RETRO: Theramine #90 (DOS: 05/27/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web, Pain Chapter: Medical Food

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines <chronic back pain Page(s): 12.

Decision rationale: Theramine provides the neurotransmitter precursors to the neuronal messengers that control pain and inflammation. Theramine is designed to manage the nutritional deficiencies associated with acute and chronic pain syndromes, including fibromyalgia. This patient has low back pain and according to guidelines should be treated with NSAIDS or Acetaminophen as first line therapy. The request is not medically necessary.