

Case Number:	CM14-0108786		
Date Assigned:	08/01/2014	Date of Injury:	01/30/2013
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury due to a slip and backwards fall on 01/30/2013. On 04/01/2014, her diagnoses included cervical radiculopathy, mild back sprain, lumbar radiculopathy, shoulder derangement, hip sprain, and ankle sprain. Her complaints included constant neck pain radiating to the upper extremities with numbness and tingling rated 10/10. She further complained of constant low back pain radiating to the lower extremities with numbness and tingling rated 10/10. She continued to complain of constant bilateral shoulder pain rated at 9/10, bilateral hip pain rated 9/10 on the right and 10/10 on the left, and constant right ankle pain rated 10/10. Her treatment plan included Terocin patch for the treatment of minor aches and muscle pains, Mentherm gel for the treatment of temporary relief of minor aches and pains, Sentra AM, Sentra PM, and Gabadone with no dosages noted and no rationale included. A Request for Authorization dated 07/02/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA AM QTY 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: The request for Sentra AM quantity 60 is not medically necessary. The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. To be considered, the product must, at a minimum, meet the follow criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and the product must be used under medical supervision. Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, neurotoxicity induced fatigue syndrome, and cognitive impairment involving arousal, alertness, and memory. There is no evidence in the submitted documentation that this injured worker has any of the above conditions. The need for this medical food has not been clearly demonstrated in the submitted documentation. Therefore, this request for Sentra AM quantity 60 is not medically necessary.

SENTRA PM QTY 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: The request for Sentra PM quantity 60 is not medically necessary. The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. To be considered, the product must, at a minimum, meet the follow criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and the product must be used under medical supervision. Sentra PM is designed to provide for specific dietary management of the nutritional deficiencies associated with sleep disorders. There is no evidence in the submitted documentation that this worker has any diagnosis of sleep disorder. The need for this medical food has not clearly been established in the submitted documentation. Therefore, this request for Sentra PM quantity 60 is not medically necessary.

GABADONE QTY 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: The request for Gabadone quantity 60 is not medically necessary. The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. To be considered, the product must, at a minimum, meet the follow criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and the product must be used under medical supervision. Gabadone provides the nutrients required by the brain to induce and maintain good quality restorative sleep. It is used as a part of a program to manage sleep, mood, anxiety, and fatigue. There is no evidence in the submitted documentation that this worker was suffering from anxiety, fatigue, or any sleep disorder. The need for this medical food was not clearly demonstrated in the submitted documentation. Therefore, this request for Gabadone quantity 60 is not medically necessary.