

Case Number:	CM14-0010639		
Date Assigned:	02/21/2014	Date of Injury:	11/08/2002
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 41 year old female with date of injury 11/08/2002. There is no report of the mechanism of injury. The diagnoses that this patient carries include myalgia/myositis not otherwise specified, Raynauds syndrome, and morbid obesity. The Medications that the patient is currently taking for pain include Soma, Voltaren, and Lyrica. The request is for Sentraflox AM 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRAFLOX AM10 MG (DATE OF SERVICE 12/10/2013): 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, SSRI

Decision rationale: The medication in question is a combination of fluoxetine 10mg, an SSRI used to treat depression among other psychiatric diagnoses, plus Sentra AM, a medical food purported to help patients with fatigue and cognitive issues. This employee has a chronic pain syndrome and the data provided do not support any diagnosis of comorbid depression or

cognitive issues. The ODG does not support SSRI use (Fluoxetine) in the treatment of chronic pain, unless depression is present. Furthermore, medical foods are not FDA approved and there is no indication for the employee's medical condition. Due to the fact this is a medical food and contains a known substance to treat depression, which this employee is not reported to have, the Sentraflox AM 10mg is not medically necessary.