MAXIMUS Federal Services

Case Number:	CM14-0019193		
Date Assigned:	04/21/2014	Date of Injury:	10/09/2009
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 49-year-old who reported an injury on October 9, 2009 of unknown mechanism. The clinical note dated December 30, 2013 indicated diagnoses of bilateral carpal tunnel syndrome, lumbar discopathy, bilateral hip pain and status post left total hip arthroplasty in June 13, 2011. The injured worker reported difficulty sleeping and noted she has not tried any natural remedy. The injured worker reported that she was working night shift. She reported that was the only shift that allowed her to continue to workout at the gym and be active and also attend her medical appointments. The request for authorization was submitted on Deccember 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM (DOSAGE AND QUANTITY UNSPECIFIED) QTY: 1.00: Upheld

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

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

Decision rationale: The injured worker was diagnosed with bilateral carpal tunnel syndrome, lumbar discopathy, bilateral hip pain and status post left total hip arthroplasty in 06/13/2011. The Official Disability Guidelines (ODG) indicate that Sentra PM is a medical food and is intended for the specific dietarary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The guidelines note Sentra is intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There was a lack of documentation indicating the severity of the injured workers sleep issues. It was unclear if the injured worker has utilized any non-pharmacological methods of reducing her sleep disturbances. There is lack of evidence in the records to support the use of medical foods in the injured worker's treatment. The request for Sentra PM (dosage and quantity unspecified) is not medically necessary or appropriate.