

Case Number:	CM14-0111595		
Date Assigned:	08/01/2014	Date of Injury:	07/01/2011
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Pain 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 55-year-old female who reported an injury on 07/01/2011. The mechanism of injury was a fall. Her diagnoses included herniated cervical disc, herniated lumbar disc, right shoulder arthroscopy, carpal tunnel syndrome, and right S1 radiculopathy. Past treatments included medications, urine drug screens, injections, acupuncture sessions, and diagnostic studies. Diagnostic studies included an MRI of the right shoulder and cervical spine in 01/2003; NCV on 08/24/2012, at which revealed carpal tunnel syndrome; and an EMG dated 03/08/2012 that revealed right S1 radiculopathy. Her surgical history included an anterior interbody fusion and discectomy at the C6-7 level on 02/01/2102. On 02/04/2014, the injured worker was seen for orthopedic evaluation and came in complaining of pain in the low back that radiated into the right leg. The treatment plan was to refill medications and return as needed. The injured worker received a urine drug screen. The request is for Sentra AM #60 and roxitine (Fluoxetine per file) 10 mg #30. The rationale was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain, Medical foods Other.

Decision rationale: Sentra AM is a medical food. The Official Disability Guidelines (ODG) states regarding medical food "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 following 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; the product must be used under medical supervision. There are no guidelines supporting the use of Sentra AM. It is not recommended. A frequency was not provided within the request. Given the lack of guideline support for Sentra AM, the request is not medically necessary and appropriate.

Fluoxetine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 and 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Antidepressant for chronic pain, Benzodiazepines Page(s): 13,24.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological status. Side effects, including excessive sedation (especially that which would affect work performance) should also be assessed. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There is lack of documentation that the injured worker is in severe pain. There is a lack of documentation of a current evaluation. The injured worker has received at least 3 urine drug screens in the past 6 months. There is a lack of documentation as to the necessity of said medication. There is a lack of documentation as to the frequency within the request. As such, the request is not medically necessary and appropriate.