

<b>Case Number:</b>	CM14-0111949		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/08/1997
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 11/08/1997. The mechanism of injury was not documented in the submitted report. The injured worker has a diagnoses of brachial neuritis/radiculitis, carpal tunnel syndrome, chronic pain syndrome, wrist sprain/strain, thoracic/lumbosacral neuritis/radiculitis unspecified, unspecified internal derangement of the knee, and unspecified myalgia and myositis. The injured worker's past medical treatment includes the use of a Transcutaneous Electrical Neural Stimulation (TENS) unit, massage, acupuncture, and medication therapy. Diagnostic studies include a urine specimen that was collected on 04/28/2014. The drug screen revealed that the injured worker was in compliance with her prescription medications. The injured worker is postoperative bilateral shoulder arthroscopic surgery. The injured worker complained of left shoulder pain. There was no measurable level of pain documented in the submitted report. The physical examination dated 05/06/2014 revealed that the injured worker's shoulders appeared to have no deformities and were asymmetrical. There were no signs of external trauma, ecchymosis, lacerations, or hematoma. There was no tenderness to pressure over the joint, muscles, or bony and tenderness structures. The range of motion of the right shoulder revealed a forward flexion of 90 degrees, extension of 20 degrees, internal rotation of 40 degrees, external rotation of 60 degrees, abduction of 120 degrees, and adduction of 35 degrees. The range of motion of the left shoulder revealed a forward flexion of 90 degrees, extension of 20 degrees, internal rotation of 40 degrees, external rotation to 60 degrees, abduction of 120 degrees, and an adduction of 35 degrees. Impingement sign was positive on the right and left sides. The injured worker's medications included Klonopin 2 mg 1 tablet daily, Neurontin 300 mg 1 tablet at bedtime, Sentra PM capsule 1 tablet at bedtime, Seroquel 400 mg 2 tablets at bedtime, and Zoloft 100 mg 2

tablets daily. The treatment plan was for the injured worker to continue Sentra PM. The rationale and Request for Authorization were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Sentra Pm cap 290-40-15-45.5Mg qty: 30: Upheld**

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

**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 (Sentra Pm).

**Decision rationale:** The request for Sentra Pm cap 290-40-15-45.5 mg qty: 30 is not medically necessary. The injured worker complained of left shoulder pain. There was no measurable level of pain documented in the submitted report. The Official Disability Guidelines states that Sentra is made up of a food which is formulated to be consumed or administered entirely 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 for the use of this product the person must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guidelines requirements for Sentra PM. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases, or conditions for which the injured worker would need the Sentra PM. The guidelines also stipulate that a person taking Sentra PM is usually a tube feeder or has problems with oral foods. There was no evidence noted in the reports that this would apply to the injured worker. As such, the request for Sentra PM Capsules is not medically necessary.