

Case Number:	CM14-0113003		
Date Assigned:	09/22/2014	Date of Injury:	05/13/2009
Decision Date:	12/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational 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:

This is a 54-year-old female with a 5/13/09 date of injury. According to a progress report dated 6/25/14, the patient complained of sharp neck pain that radiated up to her top head, which also caused severe headaches. She rated her pain level as a 7/10. Objective findings: tenderness noted in the right and left lumbar paravertebral regions, left and right lateral rotation of lumbar spine positive for back pain, restricted lumbar spine range of motion, tenderness present in cervical paravertebral regions bilaterally and at multiple trigger points. Diagnostic impression: lumbosacral spondylosis without myelopathy, muscle spasm, cervical degenerative disc disease, and cervical spondylosis. Treatment to date: medication management, activity modification. A UR decision dated 7/11/14 denied the request for Sentra PM. There is no indication in the records for the use of this medical food. This is not a drug aimed at treatment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM Quantity 60: 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 Chapter

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

Medical Foods Other Medical Treatment Guideline or Medical Evidence:
<http://nutrientpharmacology.com/PDFs/monographs/sentraPM-monograph.pdf>

Decision rationale: CA MTUS does not address medical foods. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. According to an online search, Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. Sentra PM is a proprietary blend of neurotransmitter precursors (choline bitartrate, glutamate, and 5-hydroxytryptophan); polyphenolic antioxidants (hawthorn berry, cocoa); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (acetyl-L-Carnitine, glutamate, cocoa powder); and an adenosine antagonist (cocoa powder). Sentra PM contains choline and acetylcarnitine. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is no documentation that the patient has a choline deficiency. The documentation does not describe a dietary deficiency in this patient that would support medical necessity of dietary supplementation. In addition, there is no documentation that the patient has insomnia or a sleep disturbance. A specific rationale identifying why Sentra PM would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Sentra PM Quantity 60 was not medically necessary.