

Case Number:	CM14-0115668		
Date Assigned:	08/04/2014	Date of Injury:	01/15/1997
Decision Date:	09/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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:

The patient is a 48-year-old female who was injured on 01/15/1997. The mechanism of injury is unknown. Prior medication history included Fentanyl, Dilaudid, Celebrex, and Ambien. Progress report dated 06/20/2014 documented the patient returned with complaints of neck pain radiating to the left shoulder and arm. She reported low back pain radiating to both legs and pain in her hands. She rated her score as an 8/10 with medications and without medications; it is a 10/10. On exam, she has multiple trigger points over the midline and in the left cervical paraspinal musculature. She is diagnosed with lumbar radiculopathy; chronic pain syndrome; and myofascial syndrome. She was given Sentra PM for insomnia but there is no documented evidence or subjective complaints that the patient is having difficulty with sleeping. Prior utilization review dated 07/14/2014 states the request for Sentra PM #60 unspecified amounts are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60 Unspecified amount: 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, Pain, Medical Food Other

Medical Treatment Guideline or Medical Evidence:http://tmedpharma.com/docs/monographs-10-09/Sentra_PM_Monograph_v_Final_10-15-2009.pdf.

Decision rationale: The CA MTUS guidelines are silent about the Sentra PM. According to ODG, Sentra PM is a medical food. It is "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." This is a request for Sentra, a medical food used for insomnia. However, distinctive nutritional requirements are not clearly established for insomnia. Further, the ingredients of Sentra do not have proven efficacy in the treatment of insomnia. Finally, history and examination findings do not support an exception to this recommendation. Therefore this request is not medically necessary.