

Case Number:	CM14-0123066		
Date Assigned:	08/08/2014	Date of Injury:	09/12/2013
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Practice, 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 35 year old male claimant who sustained a work injury on 9/12/13, involving the neck and back. He was diagnosed with cervicalgia and lumbar sprain. He had undergone physical therapy, Shock Wave Therapy and used Flexeril, Norco, Prilosec, Tramadol and Naproxen for pain. He had also undergone a functional capacity evaluation. A progress note on 7/2/14 indicated the claimant had 7/10 neck pan and limited range of motion of the cervical and lumbar region. Due to a history of pancreatitis, the treating physicians recommended the use of topical creams for pain and medical foods. He was subsequently prescribed Sentra PM and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #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 - TWC: Pain Chapter (Medical Foods).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain guidelines, Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS and ODG guidelines do not comment on Sentra. According to the ODG guidelines, "Sentra PM is a medical food intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." 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. Glutamate is used for those with achlorhydria. The claimant does not have either disease mentioned above. The specific use of Sentra PM was not indicated in the notes. Therefore, Sentra PM is not medically necessary.