

Case Number:	CM14-0128372		
Date Assigned:	08/15/2014	Date of Injury:	09/08/2008
Decision Date:	11/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 Pain Management 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 51-year-old male who sustained an injury on September 8, 2008. He is diagnosed with (a) hypertension, aggravated by work-related injury; (b) hyperlipidemia, secondary to hypertension; (c) shortness of breath, secondary to hypertension; (d) abdominal pain; (e) acid reflux, secondary to stress, rule out ulcer/anatomical alteration; (f) weight gain, unsubstantiated at this time; (g) psychiatric diagnosis, refer to psychologist; (h) orthopedic diagnosis, refer to orthopedist; (i) sleep disorder, rule out obstructive sleep apnea; (j) mitral stenosis, rule out industrial causation; (k) gastritis; and (l) pterygium. He was seen for an internal medicine consultation on July 8, 2014. He reported unchanged blood pressure, improved acid reflux with medication, obstructive sleep apnea at night, no change in sleep quality, improved blurred vision, improving anxiety and depression, worsening musculoskeletal pain, and improved bloating. He also complained of bilateral elbow pain, which was rated 6/10, neck pain, which was rated 5-6/10, and low back pain, which was rated 7/10. An examination revealed grade 4/5 strength of the right knee, 5/10 strength of the right wrist, and 6/10 strength 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 AM, #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 food

Decision rationale: The request for Sentra AM is not medically necessary at this time. Sentra AM consists of choline bitartrate and glutamic acid. The Official Disability Guidelines (ODG) stated that choline is indicated only for cases of long-term parenteral nutrition or for those with choline deficiency secondary to liver deficiency. Glutamic acid is used for the management and treatment of hypochlohydria, achlorhydria, and other digestive disorders. Based on the reviewed medical records, the injured worker does not appear to have any of these conditions at this time. Hence, the request for Sentra AM is not medically necessary or appropriate.