

Case Number:	CM14-0129415		
Date Assigned:	08/18/2014	Date of Injury:	06/08/2002
Decision Date:	09/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 55 year old female injured on 06/08/02 while performing duties as a lettuce packager. The specific injury sustained was not discussed in the documentation provided. Diagnoses include chronic pain syndrome, cervical pain, and disc disorder of the cervical spine. Most recent documentation dated 03/19/13 indicates the injured worker presented complaining of neck pain, upper/mid/low back pain and decreased left elbow pain status-post injection for bursitis. The injured worker rated pain at 9/10 with associated bowel/bladder changes, headache, muscle atrophy, and nausea. Documentation indicated the injured worker reported poor sleep quality with approximately 5 hours of sleep per night and difficulty staying asleep. Medications included Omeprazole, Ranitidine, Tizanidine, Trazodone, Norco, Clonazepam, Venlafaxine, Butalbital/Acetaminophen/Caffeine, Divalproex sodium, HCTZ, Lisinopril, Naproxen, and Tramadol. Treatment plan included prescription for Miralax, continuation of medications without change, and home exercise program. The initial request for Sentradine (Sentra PM and Ranitidine) was initially non-certified on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Sentradine (Sentra PM and Ranittidine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sentra PM&ç.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, the use of herbal medicines or medical foods is not recommended. Sentra PM is 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 indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. Additionally, the request failed to provide the dose, frequency, amount, and number of refills to be provided. As such, the request for Unknown prescription of Sentradine (Sentra PM and Ranitidine) cannot be recommended as medically necessary.