

Case Number:	CM14-0129568		
Date Assigned:	08/20/2014	Date of Injury:	11/10/2003
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
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 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 67-year-old female with an 11/10/03 date of injury; the mechanism of the injury was not described. The patient underwent left elbow surgery in February 2010. The patient was seen on 11/10/13 with complaints of 6/10 sharp, aching and burning arm and hand pain. The physical examination revealed reduced range of motion in the cervical spine and decreased right grip strength. The patient reported that Prilosec helped her with nausea and heartburn related to the Relafen. The patient was seen on 7/30/14 for the follow up visit. She complained of 4/10 constant and achy arm pain and she requested refills of her medications. The patient was taking Theramine, Terocin, Tramadol ER, Hydrocodone, Omeprazole, Percocet, Xanax and Nabumetone. Exam findings revealed positive cervical compression test, positive left Spurling test and tenderness to palpation in the cervical paravertebral regions. The patient was alert and oriented x3 and was not in acute distress. The diagnosis is cervical spondylosis, lateral epicondylitis of the elbow, trigger finger and myofascial pain syndrome. Treatment to date: home exercise program, left elbow surgery and medications. An adverse determination was received on 8/12/14 given that there was a lack of current information regarding the patient's symptoms and there was no clear rationale and medical necessity for the use of Sentradine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentradine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Pain Summary: Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter) Medical foods chapterFDA (Ranitidine).

Decision rationale: Sentradine consists of Ranitidine Hydrochloride and Choline. CA MTUS and ODG do not address this issue. The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. ODG states that 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 inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose Choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). There is a lack of documentation indicating that the patient suffers from active gastritis, GERD, esophagitis or gastric or duodenal ulcers. There is no rationale with regards to Sentradine. In addition, the request does not specify the requested dose and quantity of the medication. Therefore, the request for Sentradine was not medically necessary.