

Case Number:	CM14-0133004		
Date Assigned:	08/22/2014	Date of Injury:	07/01/2001
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 54 year old female who sustained an industrial injury on 7/1/2001. A prior UR peer review dated 7/18/2014 certified the prospective request for Trazodone 50 mg #30, and non-certified the prospective requests for Sentra PM #60 and referral to spine surgeon for reconsideration of surgical intervention. The medical necessity of these requests was not established. The patient recently had a pain management follow up on 7/16/2014. She complains of low back pain and leg pain, rated 7/10 today, and unchanged since the last visit. She also complains of neck pain, that reaches 7/10 at its worst. She takes Trazodone and Senta PM. She smokes PPD (packs per day). ROS (review of systems) is negative. Relevant examination findings show left L4-5 and L5-1 region paravertebral tenderness, back pain with extension, right/left lateral rotation and forward flexion, limited lumbar ROM (Range of Motion), 5/5 motor strength, negative SLR (straight-leg-raising), and equal and intact sensation of the bilateral lower extremities. Assessment is cervical and lumbar DDD (Degenerative Disc Disease), lumbosacral spondylosis without myelopathy, and cervical spondylosis. An MRI 8-10 years ago was positive for facet arthropathy at the lumbar L4-5 and L5-1 levels. She is status post left then right side L4-5 and L5-S1 radio-frequency ablation in July 2008, which provided over 1 year of pain relief and allowed reduction in medications and increased her activities. It is only recently that her back pain has started to worsen again. Repeat radio-frequency ablation at left L4-5 and L5-S1 is requested. Trazodone and Sentra PM are prescribed.

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, ODG Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic)

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

Decision rationale: According to the medical literature, a medical food is a product that 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. Sentra PM is a medical food, intended for use in management of sleep disorders associated with depression. The medical records do not establish the patient suffers from a relevant nutritional deficiency. The patient does not have choline deficiency secondary to liver deficiency, hypochlohydria and achlorhydria, nor epilepsy, spasticity or tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. None of these components of Sentra PM are medically necessary for this patient. Furthermore, the patient has also continued Trazodone, a sedating anti-depressant, which is indicated to address insomnia in patients with co-existing symptoms of depression. The medical necessity of Sentra has not been established. Therefore, the request of Sentra PM #60 is not medically necessary and appropriate.

Referral to a spine surgeon for reconsideration of surgical intervention: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288,305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral for surgical consultation is indicated for patients who have: - Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise - Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms - Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair - Failure of conservative treatment to resolve disabling radicular symptoms. In the case of this patient, physical examination reveals normal neurological examination and there is no evidence of an actual surgical lesion. In fact repeat facet ablation is being considered. The medical records do not support that this patient is a potential surgical candidate. The medical necessity for spine surgeon referral has not been established. Therefore, the request of Referral to a spine surgeon for reconsideration of surgical intervention is not medically necessary and appropriate.

