

<b>Case Number:</b>	CM14-0136111		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Interventional Spine 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 35-year-old female with date of injury of 05/04/2009. The listed diagnoses per [REDACTED], dated 06/09/2014, are: 1. Repetitive strain syndrome of the right upper extremity. 2. Myofascial pain syndrome. 3. Cervicalgia. 4. Cervical sprain. 5. Neuropathy. According to this report, the patient complains of right hand pain radiating into the right upper extremity. She has been managing her pain with ketoprofen cream and taking medical foods for pain. She has noticed a slight difference but not much. She is also using TENS unit for pain at night and she uses it everyday with great pain relief. The patient noticed some numbness and tingling in her right hand that has decreased from before. The physical examination shows the patient is alert and oriented in no acute distress. There is minimal right hand and forearm tenderness. Range of motion of the right upper extremity is 100% of normal. Motor examination is 5/5 in the right hand and wrist, 5/5 on the left upper extremity. Deep tendon reflexes are symmetric in the bilateral upper and lower extremities. Decreased sensation to light touch in the right upper extremity digits 1 to 4. Normal light touch sensation of the left upper extremity and bilateral lower extremities. The utilization review denied the request on 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for DOS: 6/11/14, Sentra AM, Qty: 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), Pain, Medical Food

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

**Decision rationale:** This patient presents with right hand pain radiating into the right upper extremity. The treater is requesting Sentra AM quantity 60. Per internet search Sentra AM are capsules by oral administration. A specially formulated prescription only Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with fatigue and cognitive disorders. (www.ptlcentral.com). Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. In this case, Sentra AM does not meet the ODG criteria for medical food. Currently, there are not guidelines discussions regarding this product. Therefore, the request is not medically necessary.

**Retrospective for DOS: 6/11/14, Sentra PM, Qty: 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), Mental Illness & Stress

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

**Decision rationale:** This patient presents with right hand pain radiating into the right upper extremity. The treater is requesting Sentra PM quantity 60. Per internet search, Sentra PM are capsules by oral administration. A specially formulated prescription only Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the altered metabolic processes of sleep disorders associated with depression. (www.ptlcentral.com) Regarding medical food, ODG states that it is

intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. In this case, Sentra PM does not meet the ODG criteria for medical food. Currently, there are not guidelines discussions regarding this product. Therefore, the request is not medically necessary.