

Case Number:	CM14-0152711		
Date Assigned:	09/22/2014	Date of Injury:	04/09/2009
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency 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 injured worker is a 54 year-old female, who sustained an injury on April 9, 2009. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are: abdominal pain/reflux secondary to NSAID use, obstructive sleep apnea, and dysphagia. The stated purpose of the request for Sentra PM #60 was not noted. The request for Sentra PM #60 was denied on August 22, 2014, citing a lack of guideline support or medical necessity for a medical food. Per the report dated July 22, 2014, the treating physician noted improving constipation and acid reflux with occasional difficulty swallowing solid food, improved sleep quality. Exam findings were non-contributory.

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), Chronic Pain-Medical Foods

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) Chapter, Medical Food

Decision rationale: The requested Sentra PM #60 is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) the product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The treating physician has documented improving constipation and acid reflux with occasional difficulty swallowing solid food, improved sleep quality. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Sentra PM #60 is not medically necessary.