

Case Number:	CM14-0163708		
Date Assigned:	10/08/2014	Date of Injury:	02/28/2013
Decision Date:	12/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 35 year old individual who was injured at work on 02/28/2013. The injured worker is reported to be complaining of 8/10 neck pain, 10/10 left shoulder pain, 9/10 low back pain, 8/10 left knee pain; spasms of left trapezius and left biceps muscles; heavy sensations over one side of the face. The physical examination revealed the use of single point cane, limited range of motion of the neck, palpable spasms and tenderness of the cervical muscles; spasms of the left biceps and left trapezius; positive spurling's test; limited lumbar range of motion, spasm and tenderness of the lumbar muscles, positive straight leg on the right, positive minor's sign, positive Valsalva maneuver, and Kemp's tests bilaterally. Straight leg test on the left could not be tested due to knee pain. The shoulder examination was positive for limited range of motion of the left shoulder, positive impingement, supraspinatus, empty cane, and apprehension tests, on the left. The left knee demonstrated limited range of motion, and tenderness of the medial and lateral joint lines, as well as positive McMurray's tests with internal and external rotations. The worker has been diagnosed of cervical spine disc syndrome; bilateral shoulder rotator cuff syndrome, bilateral knee sprain/strain, bilateral knee osteoarthritis/degenerative joint disease, bilateral knee lateral meniscal tear, bilateral medial meniscal tear, Migraine, Bell's palsy, and NSAIDs gastropathy. Treatments have included Topical creams, omeprazole, cyclobenzaprine, Nabumetone 750mg 1-2 a day, Ibuprofen 800mg three times a day. At dispute is the request for Sentradine #60 (Sentra PM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentradine #60 (Sentra PM): 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 Chapter, Insomnia Treatment, Healthtouch Online, Sentra, An Amino Acid Supplement (By Mouth)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food

Decision rationale: The injured worker sustained a work related injury on to the 02/28/2013. The medical records provided indicate the diagnosis diagnosed of cervical spine disc syndrome; bilateral shoulder rotator cuff syndrome, bilateral knee sprain/strain, bilateral knee osteoarthritis/degenerative joint disease, bilateral knee lateral meniscal tear, bilateral medial meniscal tear, Migraine, Bell's palsy, and NSAIDs gastropathy. Treatments have included Topical creams, omeprazole, cyclobenzaprine, Nabumetone 750mg 1-2 a day, Ibuprofen 800mg three times a day. The medical records provided for review do not indicate a medical necessity for Sentradine #60 (Sentra PM), a combination of ranitidine and Sentra PM. Although the MTUS makes no reference to the use of H-2 receptor antagonist, like ranitidine, or medical foods, it recommends that individuals at risk for gastrointestinal, like, age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin, or corticosteroids and/or an anticoagulant be treated with proton pump inhibitors if they are on treatment with NSAIDs for chronic pain. The official disability Guidelines recommends against the use of medical food due to the lack of meaningful benefits or improvements in functional outcome. Also, the FDA states that 'medical food is formulated to be consumed or administered enterally under the supervision of a physician and which 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'. Since the injured worker does not have a specific dietary requirement for medical food, the requested treatment is not medically necessary and appropriate.