

Case Number:	CM14-0171405		
Date Assigned:	10/23/2014	Date of Injury:	10/30/2013
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 27-year-old male who reported an injury on 10/30/2013. The injured worker was in the process of loading tires from a truck when he felt a sudden pain in his neck, shoulders, and back. The current diagnoses include chronic cervical musculoligamentous sprain, chronic bilateral shoulder impingement syndrome, chronic lumbosacral musculoligamentous sprain, chronic lumbar disc herniation with myelopathy, chronic left knee internal derangement, chronic sleep deprivation, and chronic depression with anxiety. Previous conservative treatment was noted to include physical therapy. The injured worker presented on 08/28/2014 with complaints of persistent pain in the right shoulder, left knee, cervical spine, lower back, and left shoulder. The injured worker also reported insomnia and an inability to engage in activities of daily living. The current medication regimen includes a muscle relaxant, Ibuprofen, and Tramadol. The physical examination revealed slight distress, diminished motor strength in the upper extremities, slightly limited cervical range of motion, slightly limited lumbar range of motion, slight to moderate lumbar tenderness, muscle spasm, positive straight leg raising, sensory deficit in the L5 nerve root distribution bilaterally, 1+ deep tendon reflexes at the ankles, and diminished motor strength in the bilateral lower extremities. Examination of the extremities revealed slight to moderate tenderness about the subacromial space of the left shoulder, crepitus about the glenohumeral joint with motion, limited range of motion, positive impingement sign, tenderness about the subacromial space and trapezius of the right shoulder, crepitus at the glenohumeral joint with range of motion, positive impingement sign, moderate quadriceps atrophy in the left knee, slight tenderness about the patellar facets as well as the medial and lateral joint lines, crepitus about the patellofemoral joint with motion, limited range of motion, and positive McMurray's sign. The treatment recommendations at that time included

prescriptions for a topical compound cream, Theramine, and Sentra AM. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.nutrientpharmacology.com/sentra_AM.html

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

Decision rationale: The Official Disability Guidelines state medical food is a food which 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 are established by medical evaluation. There was no indication of a nutritional deficit. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.