

Case Number:	CM14-0021762		
Date Assigned:	02/24/2014	Date of Injury:	03/05/2003
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational 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:

This is a 60-year-old male with a 3/5/03 date of injury. On 9/11/13, the patient was seen post-operatively after his left shoulder arthroscopic subacromial decompression and debridement. He was instructed on a home exercise program. On 9/16/13, the patient complains of bilateral neck pain and headaches. He is complaining of very poor sleep. Objective exam shows cervical facet provocation bilaterally. The UR decision referenced a progress note on 1/8/14 and 1/13/14. However, those notes were not provided for this review. He is status/post left subacromial decompression and Mumford on 5/2/07 and left elbow medial epicondylectomy and release of ulnar nerve on 9/18/09. Diagnostic Impression: Cervical Spondylosis with bilateral cervical muscle spasm, Retrolisthesis of C3 and C4, Cervicogenic Headaches. Treatment to date: medication management, activity modification, carpal tunnel release, bilateral occipital nerve blocks on 2/21/13. A UR decision dated 2/11/14 denied the request because the medical records do not establish a nutritional deficiency to support the use of a medical food.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Mental and Stress Chapter, Sentra PM.

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

Decision rationale: CA MTUS does not address this issue. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medications. However, there is no description of a nutritional deficiency that would benefit from the supplementation of a medical food. ODG states that medical foods are intended for specific dietary management of a disease or condition for which distinctive nutritional requirements. Therefore, the request for Sentra PM, Qty 60 is not medically necessary.