

Case Number:	CM14-0027426		
Date Assigned:	06/13/2014	Date of Injury:	01/06/2010
Decision Date:	08/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 & 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 46-year-old male who reported an injury on 01/06/2010. The mechanism of injury was not provided for clinical review. The diagnoses included cervical radiculopathy, neck pain, left shoulder sprain/strain, status post surgery, left shoulder pain, cephalgia, chronic pain syndrome, tension headaches, myofascial syndrome, chronic pain-related insomnia, and neuropathic pain. Previous treatments included surgery and medications. Within the clinical note dated 01/14/2014, it was reported that the injured worker complained of left shoulder pain, left arm pain, and neck pain. The injured worker rated his pain at 8/10 in severity with medication, and without medication he rated his pain at 10/10 in severity. The injured worker reported his pain was severe at night and he was unable to sleep. Upon physical examination, the provider noted the injured worker's urine drug screen in 12/2013 was positive for Preglamin, Diazepam, Fentanyl, and negative for Hydromorphone. The provider noted the injured worker had increased shoulder pain. The provider requested Sintralyne for insomnia. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SINTRALYNE 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sintra PM 60.

Decision rationale: The request for Sintralyn PM 60 is non-certified. The injured worker complained of pain in the left shoulder, left arm, and neck. He rated his pain at 10/10 in severity without medication. The injured worker reported pain was severe and he was unable to sleep. The Official Disability Guidelines note Sintralyn PM is a medical food. It is intended for the use in management of sleep disorder associated with depression that is proprietary blend of Colene, Bitartrate, Glutamate, and 5-Hydroxytryptophan. There is lack of clinical documentation indicating the injured worker is treated for sleep disorders related to insomnia. The requested submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. Therefore, the request is non-certified.

SINTRA 90 #90: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sintra PM 90.

Decision rationale: The request for Sintra 90 #90 is non-certified. The injured worker complained of shoulder pain, left arm pain, and neck pain. He rated his pain at 10/10 in severity without medications. The injured worker reported his pain was severe and he was unable to sleep. The Official Disability Guidelines note Sintra is a medical food. It is intended for the use in management of sleep disorders associated with depression. The documentation indicated the injured worker is treated for sleep disorder related to depression. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.