

<b>Case Number:</b>	CM14-0030591		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 59-year-old female who reported an injury on 09/23/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/18/2004 indicated diagnoses of gastroesophageal reflux disease, hypertension with left ventricular hypertrophy, peripheral edema secondary to hypertension, hyperlipidemia, obesity, sleep disorder secondary to pain, rule out obstructive sleep apnea. The injured worker reported her gastroesophageal reflux disease with ranitidine had been controlled. The injured worker reported she was sleeping better. The injured worker reported she continued to have light headaches after the injury. On physical examination, the injured worker's blood pressure was 133/88 with medications. The injured worker had a 1+ pitting pretibial edema in the right lower extremity and trace edema was with the left lower extremity. There were no other significant findings on physical examination. The injured worker's treatment plan included final evaluation for the patient's sleep study results. The clinical note dated 04/28/2014 reported the injured worker complained of neck pain rated at 7/10 and left shoulder pain rated 6/10. The injured worker reported radiated of the left shoulder into the clavicle area down the hand with a dull ache sensation. The injured worker initiated acupuncture treatment and is engaged in a home exercise program. The injured worker's past surgeries included lumbar spine surgery in 2011 and cervical spine surgery in 2012. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included medical foods, Trepadone, and Xanax. The provider submitted a request for Sentra AM. A Request for Authorization dated 04/18/2014 was submitted for Sentra AM; however, a rationale was not provided for 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 Official Disability Guidelines-TWC: Integrated Treatment/Disability Duration Guidelines: Pain (chronic).

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

**Decision rationale:** The request for Sentra AM #60 is not medically necessary. The Official Disability Guidelines state Sentra AM is a medical 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, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. There is a lack of documentation of efficacy and functional improvement with the use of Sentra AM. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for oral or tube feeding or receiving dietary management of a specific medical disorder, disease, or condition for which there are indistinctive nutritional requirements. In addition, the documentation submitted did not indicate that the injured worker was utilizing the Sentra AM under medical supervision. Moreover, the request did not indicate a frequency or dosage for the Sentra AM. Therefore, the request for Sentra AM #60 is not medically necessary.