

Case Number:	CM14-0032569		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2009
Decision Date:	09/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injury on 09/23/2009. The mechanism of injury was not submitted in documentation. The injured worker has diagnoses of status post cervical spine anterior cervical discectomy fusion, cervical disc syndrome, cervical spondylosis, left shoulder rotator cuff syndrome, status post lumbar fusion, lumbar disc syndrome, sciatica pain, lumbar spine intractable pain, peripheral edema, left ventricular hypertrophy, gastro esophageal reflux disease, hypertension, vitamin D insufficiency, hyperlipidemia, and sleep disorder. Past medical treatment includes surgery, acupuncture, physical therapy, and medication therapy. Medications include Sentra AM, Sentra PM, Trepadone, Lasix 20 mg 1 tablet a day, Klor-con 8 MEQs 1 tablet a day, vitamin D3, 2,000 IUs 1 tablet a day, ranitidine 150 mg 2 times a day, Crestor 5 mg 4 times a day, metoprolol 50 mg daily and Benazepril daily. The injured worker has undergone lumbar spine surgery in 2011 and cervical spine surgery in 2012. Urine toxicology screens were obtained on the injured worker. The dates of which when they were obtained were not submitted in report. The injured worker complained of neck pain that she rated at 7/10, and left shoulder pain that she rated at a 6/10. The injured worker reported radiation of left shoulder pain into the clavicle area down the hand with a dull ache sensation. Physical examination dated 04/28/2014 revealed that the injured worker had tenderness to palpation on spasm over the paracervical muscles bilaterally. Cervical spine range of motion revealed a flexion of 40 degrees, extension of 15 degrees, rotation to the right of 50 degrees, rotation to the left of 60 degrees, lateral flexion of the right 30 degrees, and lateral flexion of the left 40 degrees. Range of motion was limited by pain and spasm in all directions. Foraminal compression test was positive on the right. Shoulder depression test was positive bilaterally. Deep tendon reflexes of the lower extremity revealed patella reflex, hamstring reflex, and

Achilles reflex were 2+/4 bilaterally. Motor strength on the lower extremities revealed hip flexors on the right were 5/5 and -5/5 on the left, knee extensors were 5/5 on the right and 5/-5 on the left. Great toe extensor and foot evaders were 5/5 bilaterally. The treatment plan is for the injured worker to continue Sentra PM. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra 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 - TWC, Official Disability Guidelines Treatment; Integrated Treatment / Disability Duration Guidelines; Chronic Pain; Medical Food.

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 (Sentra Pm).

Decision rationale: The request for Sentra PM #60 is not medically necessary. The injured worker complained of neck pain that she rated at 7/10, and left shoulder pain that she rated at a 6/10. The injured worker reported radiation of left shoulder pain into the clavicle area down the hand with a dull ache sensation. The Official Disability Guidelines state that Sentra is made up of a food which is formulated to be consumed or administered entirely 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 for the use of this product the person must, at a minimum, meet the following criteria to include (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. Given the above, the injured worker does not meet the Official Disability Guideline requirements for Sentra PM. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases, or conditions for which the injured worker would need the Sentra. The guidelines also stipulate that a person taking Sentra is usually a tube feeder or has problems with oral foods. There was no evidence noted in the report that this would apply to the injured worker. As such, the request for Sentra PM 60 tablets is not medically necessary.