

<b>Case Number:</b>	CM14-0033043		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology and is licensed to practice in Florida. 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 08/24/2005. The mechanism of injury was not provided. The clinical note dated 01/15/2014, reported the injured worker complained of weakness and numbness in the hands bilaterally. The injured worker also reportedly stated her lower back pain increases upon sitting. The injured worker reportedly stated that she received cervical and lumbar epidural steroid injections. The injured worker's medication regimen included Vicodin and Nexium. It was noted the injured worker underwent cervical spine surgery in 2005. The physical examination of the cervical spine revealed range of motion was limited due to pain, to include 38 degrees flexion and 32 degrees extension. It was also noted there was a positive foraminal compression test and shoulder decompression test noted bilaterally. It was noted the injured worker's motor strength was 4/5 throughout the upper extremities. The physical examination of the lumbar spine revealed range of motion were limited due to pain, to include 46 degrees flexion and 10 degrees extension. Also noted was a positive Minor's sign on the left, and positive Kemp's tests and lumbar facet tests were noted bilaterally. A positive straight leg raise at 45 degrees was noted on the right, and a positive straight leg raise at 40 degrees was noted on the left. The motor strength throughout the lower extremities was 4/5. The diagnoses included status post cervical fusion in 2005, cervical disc syndrome to C3, C4, cervical spondylosis, herniated disc to L4, L5, lumbar sprain/strain, and C3-4 adjacent segment disc herniation with marked bilateral foraminal stenosis. The treatment plan included recommendations for prescribed medications to include Theramine, Sentra PM, and topical creams. The Request for Authorization was submitted 01/15/2014. A rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SENTRA PM:** 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), Pain Procedure.

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

**Decision rationale:** The request for Sentra PM is non-certified. The Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Choline is a supplement used for treatment of hypochlorhydria and achlorhydria and treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. 5-hydroxytryptophan supplement has been found to possibly be effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. The guidelines state for Sentra PM to be considered, the product must, at a minimum, meet the following criteria to include the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Within the clinical information, provided for review, there is a lack of documentation with clear evidence to state the injured worker has been diagnosed with a sleep disorder associated with depression to demonstrate the need for Sentra PM. Also, the frequency of the medication was not provided in the request as submitted. Therefore, the request for Sentra PM is non-medically necessary and appropriate.