

Case Number:	CM14-0033153		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2013
Decision Date:	07/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 6/1/13 date of injury. At the time of request for authorization for Sentra AM #60, Sentra PM #60, and Theramine #60, there is documentation of subjective (lumbar spine pain described as achy and rated 4 out of 10) and objective (tenderness and decreased lumbar spine flexion and extension) findings, current diagnoses (thoracic sprain and lumbar sprain), and treatment to date (Theramine and Sentra AM/PM with minimal improvement). Regarding Sentra AM and Sentra PM, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sentra AM and Sentra PM use to date and of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.

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 (ODG), 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 Chapter,

Medical Food.

Decision rationale: An online source identifies Sentra AM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain and lumbar sprain. In addition, given documentation of ongoing treatment with Sentra AM with minimal improvement, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sentra AM use to date. In addition there is no documentation of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

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 (ODG) 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 Chapter, Medical Food.

Decision rationale: An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain and lumbar sprain. In addition, given documentation of ongoing treatment with Sentra PM with minimal improvement, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a

result of Sentra PM use to date. In addition there is no documentation of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Theramine #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), 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, Theramine.

Decision rationale: ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.