

Case Number:	CM14-0044069		
Date Assigned:	07/02/2014	Date of Injury:	12/14/2012
Decision Date:	10/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family Medicine 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 patient is a 47-year-old female who has submitted a claim for sprain of the neck, sprain of the left shoulder, and left shoulder neuritis associated with an industrial injury date of December 14, 2012. Medical records from 2013-2014 were reviewed. The patient complained of left shoulder pain. The pain radiates to the left scapular and upper left arm, which can radiate into her neck and head. Physical examination showed decreased sensation of the neck with paravertebral tenderness and spasms, especially on the left upper trapezius. There was decreased range of motion of the cervical spine. Weak grip strength was also noted bilaterally. There was positive Spurling sign on the left. MRI of the cervical spine, dated November 15, 2013, revealed gross disruption of cervical lordosis, C3-C4 2-3mm broad-based centrally protruded disc with overlapping 1-2mm retrolisthesis impinging the ventral cord, C4-C5 tiny central posterior annular tear, C5-C6 right uncovertebral/ ridging osteophyte contribute to mild right foraminal stenosis, and C6-C7 1mm disc bulge. EMG/NCV dated December 4, 2013 showed moderate bilateral carpal tunnel syndrome and fairly significant slowing particularly across the left elbow suggesting an entrapment or compressive neuropathy. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, and trigger point injections. Utilization review, dated April 2, 2014, denied the request for Sentazolpedem PM-5 (Sentra PM) because "medical foods" are not recommended by the guidelines and there was no evidence of extenuating circumstances in this patient's specific case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentazolpedem PM-5 (Sentra PM) #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) -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Sentra PM

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, SENTRA PM

Decision rationale: The CA MTUS does not address the topic on Sentra PM per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. In this case, the rationale for the request was not provided by the medical records. However, there was no evidence of sleep disorder associated with depression or diagnosis of insomnia. Also, there was no discussion concerning the patient's sleep hygiene. The medical necessity has not been established. Therefore, the request for Sentazolpedem PM-5 (Sentra PM) #90 is not medically necessary.