

Case Number:	CM14-0044404		
Date Assigned:	06/20/2014	Date of Injury:	06/22/2011
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old male was reportedly injured on June 22, 2011. The mechanism of injury was noted as falling into a hole. The most recent progress note, dated April 7, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities with numbness and tingling. Pain without medications was stated to be 10/10, and with medications it was 6/10 to 7/10. The physical examination demonstrated an antalgic gait and ambulation with the use of a cane. There were reduced lumbar spine range of motion and decreased left lower extremity sensation from L3 through S1. Omeprazole, Xolindo, Methoderm, Terocin Patches, Gabapentin, Theramine, Sentra, Gabadone, Soma, ibuprofen, Norco, and Alprazolam were prescribed. Diagnostic imaging studies reported a mild loss of disc height at the L2-L3 level. A request was made for Sentra and was not certified in the pre-authorization process on March 7, 2014.

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 2014 Pain / Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3619436/>.

Decision rationale: Sentra is considered a medical food consisting mainly of amino acids. The medical record did not indicate that the injured employee has a nutritional requirement for amino acids specifically related to treating his medical condition. Considering this, the request for Sentra is not medically necessary.