

Case Number:	CM14-0053876		
Date Assigned:	07/07/2014	Date of Injury:	07/09/2010
Decision Date:	08/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 injured worker is a 53-year-old female who reported an injury on 07/09/2010. However, the mechanism of injury was not provided. On 05/05/2014, the injured worker presented with reduced pain with Sprix and she continued to use medications for pain. She stated her knee pain was better but has pain radiating down her foot that continued to bother her. Diagnoses were internal derangement of the knee status post right knee medial meniscectomy and plantar fasciitis. Prior treatment included Celebrex, Ketoprofen, Prilosec, home exercise, H-wave, and Sprix for acute flare-ups. Upon examination, there was tenderness to palpation over the right medial knee joint line, deep tendon reflexes are symmetric in the bilateral lower extremities, and sensory was normal to light touch in the bilateral lower extremities. The provider recommended Sentra AM to help with alertness and energy. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM bid to help with alertness and energy #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), Online Version, Pain Chapter, 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.

Decision rationale: The Official Disability Guidelines recommend medical food when it is formulated and can be consumed under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutrition or requirements are required. The product must be a food for oral or tube feeding and the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. The included medical documentation lacked evidence that the injured worker has a diagnosis intended for a specific dietary management or nutritional requirements. Additionally, the provider's request does not indicate the dose of the requested medication. As such, the request is not medically necessary and appropriate.