

Case Number:	CM14-0060933		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2005
Decision Date:	08/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 patient is a 43-year-old male with a date of injury of 06/06/2006. The listed diagnosis per [REDACTED] is lumbar spondylosis. According to progress report 04/01/2014, the patient presents with bilateral low back pain which he rates as 4/10 on a pain scale. Patient's medication regimen includes naproxen 500 mg, Norco, cyclobenzaprine 7.5 mg, and Sentra PM. Patient states with Sentra PM, he is able to fall asleep within 20 minutes and sleeps at least 6 hours at night. Treater states patient's pain is 4/10 with medication and 7/10 without pain medication. The treater is requesting Sentra PM #120 to be used at bedtime for patient's sleep issues. Utilization review denied the request on 04/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM, #120: 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.

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

Decision rationale: This patient presents with bilateral low back pain which he rates as 4/10 on a pain scale. The treater is requesting Sentra pm #120 to be used at bed time for patient's sleep issues. The ODG guidelines states that, Sentra PM is a medical food from Targeted Medical [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. ODG further states that for each ingredient: for choline, there is no known medical need for choline supplementation; for Glutamic Acid, this supplement is used for treatment of hypochlohydria and achlorhydria. 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. For 5-hydroxytryptophan, this supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, choline, an ingredient in Sentra PM, is not supported by ODG guidelines. Recommendation is for denial.