

<b>Case Number:</b>	CM14-0061449		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Occupational 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:

According to the records made available for review, this is a 64-year-old male with a 4/1/07 date of injury. At the time (3/25/14) of the request for authorization for Sentra PM, there is documentation of subjective (widespread pain above and below the waists on both sides of the body, severe pain in the head, face, jaw, neck, shoulders, upper arms, elbow, wrist and hand, groin, hip, upper leg, lower leg, knee, ankle and foot, and moderate pain in the mid back, low back, chest, stomach, and buttocks) and objective (none specified) findings, current diagnoses (fibromyalgia), and treatment to date (medication including ongoing use of Sentra PM). There is no documentation that the product is a food for oral or tube feeding; labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Sentra PM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra pm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability guidelines.

**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 and <http://www.ptlcentral.com/medical-foods-products.php>

**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 of sleep disorders associated with depression. California Medical Treatment Utilization Schedule (MTUS) does not address the issue. California (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. Official Disability Guidelines (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 fibromyalgia. In addition, there is documentation of ongoing use of Sentra PM and that it is used under medical supervision. However, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In addition, given documentation of ongoing use of 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 with use of Sentra PM. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM is not medically necessary.