

Case Number:	CM14-0061625		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2007
Decision Date:	08/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 64-year-old male with date of injury of 04/01/2007. The listed diagnosis dated 03/19/2013 is fibromyalgia. According to this report, the patient began developing decreasing energy and difficulty sleeping. His cognition has gotten worse. The physician put him on multiple medications and supplements and diagnosed him with chronic fatigue syndrome. His pain is currently widespread, above and below the waist. He rates his pain 8/10, with associated worsening memory problems and left elbow greater than the right elbow pain. In conjunction with Percocet, he takes medical food Theramine for the pain. He complains of fatigue for which he takes Sentra AM in the morning. The physical exam shows the patient's vital signs are stable. MMT is 5/5 in the upper and lower extremities. The utilization review denied the request on 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision on the Non-MTUS Official Disability Guidelines (ODG) Pain chapter: Theramine.

Decision rationale: This patient presents with fibromyalgia. The treater is requesting Sentra

AM. The MTUS and ACOEM Guidelines do not address this request; however, ODG on medical food states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1) The product must be a food for oral or tube feeding; 2) The product must be labeled for dietary management of a specific medical disorder; 3) The product must be used under medical supervision. The records show that the patient has been utilizing Sentra AM since 10/25/2013. The patient appears to be taking this medical food due to complaints of fatigue. Given that the patient does not meet the required criteria by the ODG Guidelines for medical food, the continued use of Sentra AM is not medically necessary. Recommendation is for denial.