

Case Number:	CM14-0061981		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2012
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This 27 year-old patient sustained an injury on 10/21/12 while employed by [REDACTED]. The request under consideration is Sentra AM #60. The report dated 10/22/13 from the provider noted the patient with constant chronic right ankle/foot pain rated at 6-9/10. Exam of the right ankle showed range of plantarflexion/dorsiflexion/inversion/eversion of 10/30/20/15 degrees respectively; limps favoring right ankle; tenderness and swelling over lateral side. The diagnoses include s/p right ankle surgery. The patient remained temporarily partially disabled; it is not clear if the patient is working. The report dated 5/13/14 from the provider noted the patient had constant low back pain radiating to right lower leg with numbness and tingling rated at 7/10; left knee pain rated at 6/10 and constant right ankle/foot pain at 8/10. Exam of lumbar spine showed flexion/extension/lateral flexion of 45/10/15 degrees; left knee with 0-110 range; and right ankle with plantarflexion/dorsiflexion/inversion/eversion of 20/35/25/15 degrees with swelling. The diagnoses included lumbar radiculopathy; left knee chondromalacia patella; s/p right ankle surgery on 4/26/13 and rule out Complex Regional Pain Syndrome (CRPS). Treatment included right lower limb sympathetic block; urine drug screen; medications consisting of Percocet, Cyclobenzaprine, and topical compound analgesics. The patient was temporary total disability (TTD) until 8/5/14. The request for Sentra AM #60 was non-certified on 3/21/14 citing guidelines criteria and lack of medical necessity.

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 The Official Disability Guidelines- TWC 2014 Pain, Medical Foods and http://www.nutrientpharmacology.com/sentra_AM.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Food, pages 758-76; Sentra PM, page 834: Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. See Medical food, Choline, Glutamic Acid, & 5 hydroxytryptophan.

Decision rationale: Sentra is a medical food supplement in alternative medicine. MTUS is silent on its use; however, Official Disability Guidelines states to be considered, the product must, at a minimum, 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, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. The Sentra AM #60 is not medically necessary or appropriate.