

<b>Case Number:</b>	CM14-0067318		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Nevada. 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 34 year-old male who was reportedly injured on 4/1/2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/24/2014, indicates that there are ongoing complaints of abdominal pain, diarrhea, and bilateral hand/feet tingling. The physical examination demonstrated abdomen: soft normoactive bowel sounds, unable to assess liver and spleen due to pain. 3+ tenderness to palpation over the epigastric and umbilical region, one plus tenderness to palpation of the left upper and lower quadrant. Extremities: normal exam. No recent diagnostic studies are available for review. Previous treatment includes previous surgery. A request was made for Sentra am. #60 and was not certified in the pre-authorization process on 5/2/2014.

### 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 University of Michigan Health System Guidelines for Clinical Care; Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: R Isaacson - Next Generation Pharmaceutical, 2009 - tmedpharma.com. Medical foods: overview of an emerging science.

**Decision rationale:** Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome (PTSD), neurotoxicity-induced fatigue syndrome, and cognitive impairment involving arousal, alertness, and memory. After reviewing the medical records provided I was unable to elicit any objective clinical findings on physical exam to necessitate the use of this medication. Therefore this request is not medically necessary.