

Case Number:	CM14-0067880		
Date Assigned:	07/11/2014	Date of Injury:	06/19/2005
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 45-year-old male who sustained a work related injury on 06/19/2005 as a result of a 100 pound, 12 foot long truss tumbled from a root, falling , approximately 12 feet, striking his head, right shoulder and right side of his neck while he was wearing a metal helmet. On his most recent progress reports, he complains of neck pain that radiates to the bilateral upper extremities. Additionally, he complains of low back pain that radiates to his lower extremities. His pain medication reduces his pain from 10/10 to 9/10 with him stating he is limited in the performance of activities of daily living because of his pain. The only recorded vital signs are his blood pressure and pulse. On exam, he has a decreased lumbar range of motion, tenderness to palpation of the lumbar region from L4-S1 and decreased sensation along the S1 dermatome with appreciable weakness in the left L5-S1 distribution. An attempt to wean from his Norco use was unsuccessful as the patient 'suffered increased pain and decreased function' following spinal cord stimulation (SCS) implant, but the SCS trial did not provide any relief of his discomfort. The patient has evidence of moderate L5 and S1 sensory radiculopathy per electrodiagnostic study obtained on 8/1/2012. Per a cervical spine MRI obtained on October 1, 2012, the patient has multi-level intervertebral disc disease from C3-C7 with a possible posterior annular tear at C3-4. In dispute is a decision for Sentra AM #60, Sentra PM #60 and Fluoxetine 20mg #30.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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:http://ptloffice.com/downloads/marketing/Sentra_AM_Package_Insert_Sept_2012.pdf.

Decision rationale: Sentra is a specially formulated Medical Food product, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with fatigue and cognitive disorders. (FCD)A critical component of the definition of a Medical Food is that the product must address the distinct nutritional requirements of a particular disease or condition. FDA scientists have proposed a physiologic definition of distinctive nutritional requirements as follows: "the dietary management of patients with specific diseases requires, in some instances, the ability to meet nutritional requirements that differ substantially from the needs of healthy persons. For example, in establishing the recommended dietary allowances for general, healthy population, the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences recognized that different or distinctive physiologic requirements may exist for certain persons with "special nutritional needs arising from metabolic disorders, chronic diseases, injuries, premature birth, other medical conditions and drug therapies". I found no documented evidence of a dietary deficiency for this patient and no documentation of a height or weight to even calculate a body mass index. At this current time, the requested nutritional supplementation is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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:
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