MAXIMUS Federal Services

Case Number:	CM14-0068429		
Date Assigned:	07/14/2014	Date of Injury:	07/15/2010
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/13/2014

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 Pain Medicine and is licensed to practice in Texas. 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 49 year old male who sustained an injury on 07/15/10 when he fell approximately two point five feet sustaining injuries to the head neck bilateral shoulders low back and lower extremities. The injured worker had a history of gastritis and duodenitis due to a history of H. pylori and irritable bowel syndrome. The injured worker had prior right inguinal hernia repair in 2006 with revision procedure in 2007. Medication history included Prilosec, Tramadol, Zanaflex and Flurbiprofen. The injured worker was also prescribed medical foods including Sentra AM and Sentra PM. As of 12/13 the toxicology results were negative for any tested substances. The injured worker was noted to be pending further surgical procedures including a hiatal hernia repair as of February of 2014. The clinical record from 03/21/14 noted that the injured worker had slightly improving gastritis and acid reflux with medications. The injured worker still reported nausea and constipation. Physical examination noted epigastric tenderness without guarding or rebound tenderness. No other significant findings were noted other than bilateral lower extremities varicies. The injured worker was continued on Dexilant, MiraLax, Colace, Sentra AM and Sentra PM at this visit. The request for Sentra PM #60 was denied by utilization review on 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter-Medical foods.

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 Foods.

Decision rationale: The use of Sentra PM is intended to manage sleep disorders associated with depression. From the clinical records provided for review there was no specific discussion regarding sleep difficulties for this injured worker or any symptoms of depression. Sentra PM is a proprietary blend of neurotransmitter precursors. The use of this medical food in the treatment of insomnia is not well supported in the clinical literature as compared to other medications designed to address insomnia complaints. In this case there is no indication the injured worker has failed other medications to address insomnia or depression related sleep disorders. Given the lack of support in the clinical literature regarding the use of medical food to address insomnia or other symptoms and as there is no indication that the injured worker has failed other conservative other first line medications, this request is not medically necessary.