

<b>Case Number:</b>	CM14-0073262		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 retired 59 year old female. She was injured on March 19, 2001 and has the diagnoses of lumbago and lumbosacral radiculitis. She had a right hip replacement in 2001 and has right knee pain. She had left lower back pain with tingling and numbness in her left buttock. She had fallen on November 16, 2013 and injured her face. She was instructed to see her personal physician for this non-industrial accident. On December 24, 2013, January 7, 2014, February 25, 2014, and March 25, 2014, she was noted to have bilateral spasm and tenderness of the L3-5 paraspinal muscles as well as tenderness of the right patellar ligament, decreased sensation to pinprick in the right and left lateral legs, and a limp. A magnetic resonance imaging scan of her lumbar spine from June 19, 2013 showed minor degenerative changes. A urine drug screen from December 24, 2013 and April 17, 2014 showed results inconsistent with the individual's prescribed drug regimen. On February 25, 2014, she was noted to have gastric ulcers from a recent endoscopy. Her right knee was painful but the pain was controlled on medications. She was noted to be taking Remeron, vitamin E succinate, Anaprox, Prilosec, Lidocaine patch, ketoprofen cream and Exalgo. On May 16, 2014, she received a corticosteroid injection for right wrist pain diagnosed as De Quervain's tenosynovitis.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed, Mcgraw Hill 2006.

**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, Sentra PM.

**Decision rationale:** Per the Official Disability Guidelines, Sentra PM is a medical food from [REDACTED], intended for use in the management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. There is no mention of the injured worker having a depression-associated sleep disorder. Sentra PM is not indicated for the treatment of low back pain. Without this documentation and indication, medical necessity is not shown. Therefore, the request of Sentra PM #60 is not medically necessary and appropriate.