

<b>Case Number:</b>	CM14-0079150		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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:

The injured worker is a 45-year-old female who reported an injury on 12/21/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/21/2014 indicated diagnoses of sprain of the knee and leg, cervical disc displacement and preop examination. The clinical note is handwritten and hard to decipher in some areas. The injured worker was status post left carpal tunnel repair 6 weeks ago and reported pain. The injured worker reported left knee pain. She was status post left shoulder surgery 1 year 5 months and reported continued pain. The injured worker reported pain to the cervical spine that increased to the left shoulder, and the injured worker reports lumbar spine pain. On physical examination, the injured worker had numbness to her digits, with decreased range of motion. The injured worker's prior treatments included diagnostic imaging, physical therapy and medication management. The injured worker's medication regimen included Motrin. The provider submitted a request for Sentra AM and Sentra PM. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

### 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 Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

**Decision rationale:** The Official Disability Guidelines state medical foods are a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must be a food for oral or tube feeding; be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; be used under medical supervision. The documentation submitted did not indicate that the injured worker had findings that would support that she was at risk for oral or tube feedings, that she was receiving dietary management for a specific medical disorder or disease or was receiving distinctive nutritional requirements under medical supervision. Also, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency or quantity. Therefore, the request for Sentra PM #60 is not medically necessary.

**Sentra AM #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

**Decision rationale:** The Official Disability Guidelines state medical foods a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must be a food for oral or tube feeding; be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; be used under medical supervision. The documentation submitted did not indicate that the injured worker had findings that would support that she was at risk for oral or tube feedings, that she was receiving dietary management for a specific medical disorder or disease or was receiving distinctive nutritional requirements under medical supervision. Also, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency or quantity. Therefore, the request for Sentra AM #60 is not medically necessary.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Food.

**Decision rationale:** The Official Disability Guidelines state medical foods a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must be a food for oral or tube feeding; be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirement; be used under medical supervision. The documentation submitted did not indicate that the injured worker had findings that would support that she was at risk for oral or tube feedings, that she was receiving dietary management for a specific medical disorder or disease or was receiving distinctive nutritional requirements under medical supervision. Also, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency or quantity. Therefore, the request for Theramine #90 is not medically necessary.