

Case Number:	CM14-0080192		
Date Assigned:	07/18/2014	Date of Injury:	09/03/2013
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation 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 27-year-old male who reported an injury on 09/02/2013. The mechanism of injury involved repetitive lifting. The current diagnoses include intervertebral disc protrusion with annular tear, groin strain, left knee sprain, right hip sprain, and low back pain. The latest physician progress report submitted for this review is documented on 12/05/2013. Previous conservative treatment includes medication management and chiropractic therapy. The current medication regimen includes Soma 350 mg, and ibuprofen 800 mg. Physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen and chiropractic treatment. There was no Request for Authorization form submitted for this review.

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 Official Disability Guidelines-Pain Chapter-medical food section.

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

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely 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 are established by medical evaluation. There is no documentation of this injured worker's current utilization of this medication. The medical necessity has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

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-Pain Chapter-medical food section.

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

Decision rationale: The Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. The injured worker does not maintain a diagnosis of insomnia, sleep disorder or depression. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.

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) Chronic Pain Chapter, Theramine.

Decision rationale: The Official Disability Guidelines state Theramine is not recommended. Therefore, the current request cannot be determined as medically necessary and appropriate in this case. There is also no frequency listed in the request. As such, the request is not medically necessary appropriate.