

Case Number:	CM14-0084213		
Date Assigned:	07/21/2014	Date of Injury:	07/24/2012
Decision Date:	09/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 Nevada. 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 records presented for review indicate that this 34 year old gentleman was reportedly injured on July 24, 2012. The mechanism of injury is listed as having a baking pan hit him on the head and left shoulder. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of left sided head pain. Current medications include ibuprofen and tramadol. The physical examination demonstrated tenderness at the impact site at the left parietal occipital junction, and a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care, acupuncture, and oral medications. A request was made for Sentra PM and was not certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Sentra PM (duration/frequency unknown) 04/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG(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) Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

Decision rationale: Sentra PM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, 5-hydroxytryptophan, L glutamate); activators of precursor utilization (acetyl L carnitine, L glutamate, cocoa powder); stimulator of precursor uptake (ginkgo biloba); polyphenolic antioxidants (cocoa powder, grape seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grapeseed extract). According to the Official Disability Guidelines there is no indication for this medication in the treatment of a closed head injury. This request is not medically necessary.