

Case Number:	CM14-0086561		
Date Assigned:	07/23/2014	Date of Injury:	02/11/2012
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 26-year-old male with a 2/11/12 date of injury, and amputation of the right middle finger and small finger on 3/1/12. There is documentation of subjective findings of pain in the right hand. Objective findings are not specified. Diagnoses are status post right hand laceration with amputation of the right middle finger and small finger and depression. Treatment to date include medications, including ongoing treatment of Sentra Am since at least 4/29/13, as well as Tramadol, Xanax, Oxycodone, and Omeprazole.

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 Medical Foods (Orphan Drug Act).

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 Food and <http://www.ptlcentral.com/medical-foods-products.php>

Decision rationale: An online source identifies Sentra AM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of status post right hand laceration with amputation of the middle finger and small finger. In addition, there is ongoing treatment with Sentra AM. However, there is no documentation that the product is a food for oral or tube feeding; labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and used under medical supervision. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sentra AM use to date. Therefore, based on guidelines and a review of the evidence, the request for Sentra AM #60 is not medically necessary.

Fluoxetine 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants for non- neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Fluoxetine.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The Official Disability Guidelines (ODG) identifies that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of a diagnosis of depressive disorder. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine 20mg #30 is medically necessary and appropriate.