

Case Number:	CM14-0091486		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2007
Decision Date:	11/05/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/12/07 when he fell down a manhole injuring his left ankle and knee. He continues to be treated for right ankle and left knee pain. He was seen by the requesting provider on 01/23/14. He had not worked since 2007. He had worsening left knee pain. An x-ray of the knee had shown multiple loose bodies and lateral compartment narrowing. An MRI of the ankle had shown an osteochondral injury of the talus with subtalar arthritis. Norco and Anaprox were helping him to function and perform ADLs. Elavil was helping with sleep. There had been no improvement with Tramadol. There was a pending orthopedic evaluation. Pain was rated at 4/10 with medications and 7-8/10 without medications. Physical examination findings included left knee tenderness with decreased and painful range of motion, crepitus, and swelling and findings were consistent with a Baker's cyst. He had right foot swelling with healed surgical scars. Anaprox DS 550 mg #60, Prilosec ER 20 mg #30, Norco 10/325 mg #90, Tramadol ER 150 mg #60, Elavil 50 mg #30, and compounded creams were prescribed. Authorization for electromyography/nerve conduction study (EMG/NCS) testing was requested. He underwent urine drug screening. On 04/17/14 he had ongoing symptoms. Medications were refilled. On 05/20/14 the EMG/NCS testing had been normal. There was a pending MRI of the knee to be followed by an orthopedic evaluation. Medications were refilled. On 07/29/14 he was having ongoing right ankle and left knee pain. The MRI of his knee had shown a medial meniscus tear. Physical examination findings included decreased and painful left knee range of motion with swelling, tenderness, and crepitus. The assessment references the claimant as having more pain as he was performing a home exercise program. It references increased energy since starting medical foods. Theramine #90 was prescribed to help with absorption of NSAID medication, Sentra PM #60 to help with sleep and

energy, Trepadone #120 for osteoarthritis, and Sentra AM #60 to help with alertness and energy. Urine drug screening was repeated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental and Stress Chapter; Sentra PM; Pain Chapter; Sentra PM; Pain Chapter: Medical Food

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1)Pain, Chronic, (2) Sentra PM, (3) Mental Illness & Stress, Insomnia, (4) Insomnia Treatment.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for right ankle and left knee pain. Sentra PM. is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of Choline Bitartrate, Glutamate, and 5-Hydroxytryptophan. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, Sentra PM is not medically necessary.