

<b>Case Number:</b>	CM14-0093369		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, Pain Management 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:

This is a female patient with the date of injury of December 11, 2009. A Utilization Review was performed on May 30, 2014 and recommended non-certification of Sentraflox AM-10 #90 and Sentrazolpidem PM-5 #90. A Progress Report dated April 9, 2014 identifies Subjective Complaints of persistent low back pain and sitting intolerance. Objective Findings identify mild discomfort. There is lumbar spine tenderness. Diagnostic Impression identifies C5-6 spinal stenosis with spinal cord flattening, scoliosis, L4-5 spondylolisthesis with lumbar spondylosis, chronic pain disorder with associated psychological and general medical factors, sleep disorder, gastritis, right radial nerve palsy, status post right patellar fracture with residual patellofemoral arthralgia, and left piriformis syndrome. Treatment Plan identifies continue Sentra AM/PM for chronic pain and sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentraflox AM-10 #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Therapeutics LLC, Category: DEA Schedule Marketing Status <http://dailymed.nlm.nih.gov/dailymed/lookup.cfmsetid=35fee753-acd7-4da2-bd60-973dc6c0b21f> Official Disability Guidelines, Choline.

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

**Decision rationale:** Regarding the request for Sentra AM, California MTUS does not address the issue. Per ODG, There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Additionally, Glutamic Acid is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. Within the documentation available for review, there is no documentation of a condition for which the components of Sentra AM would be supported. In the absence of such documentation, the currently requested Sentra AM is not medically necessary.

**Sentrazolpidem PM-5 #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Therapeutics LLC, Category: DEA Schedule Marketing Status <http://dailymed.nlm.nih.gov/dailymed/lookup.cfmsetid=54101870-d8a8-4b35-a31d-93480af9d181>.

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

**Decision rationale:** Regarding the request for Sentra PM, California MTUS does not address the issue. Per ODG, There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Additionally, Glutamic Acid is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. Within the documentation available for review, there is no documentation of a condition for which the components of Sentra PM would be supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.