

<b>Case Number:</b>	CM14-0094406		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Internal Medicine 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 patient is an injured worker with lumbosacral back conditions with a date of injury of 06-06-2005. Progress report dated 04-01-2014 documented the subjective complaint of low back pain. He did not complain of radiation down the lower extremities. His pain was much better for about one year after the radiofrequency rhizotomy which was performed on 4/2/12. Physical examination documented low back tenderness and spasm, with no sensory or motor deficit. MRI scan of the lumbosacral spine dated 7/7/05 demonstrated mild bulging at L3-4 and L4-5, with no disc herniations. The lower 4 disks had normal height and normal signal intensity. Treatment plan included Kadian, Norco, Cyclobenzaprine, Anaprox, and Sentra PM. Progress report dated 06-03-2014 documented 6/10 low back pain and the diagnoses of lumbosacral spondylosis, lumbosacral disc degeneration, and cervical spondylosis. Treatment plan included Sentra PM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM, qty 120:** 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; Insomnia Treatment.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not address Sentra PM. Official Disability Guidelines (ODG) state that Sentra PM is a medical food that is a blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Choline and glutamic acid are only indicated for individuals with specific nutritional deficiencies, choline deficiency and hypochlohydria. Per ODG, a medical food must be labeled for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Long term use of medications for insomnia treatment is not recommended. Medical records do not document choline deficiency, hypochlohydria, or other specific nutritional deficiencies. No distinctive nutritional requirements were documented in the medical records, which is an ODG requirement for the use of medical foods. Sentra PM use was documented in the 4/1/14 and 6/3/14 progress notes, indicating long-term use as insomnia treatment, which is not supported by ODG guidelines. ODG guidelines and medical records do not support the use of Sentra PM. Therefore, the request for Sentra PM, qty 120 is not medically necessary.