

<b>Case Number:</b>	CM14-0096037		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Occupational 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 a 48 year-old male who reported and injury on 07/15/2010. A primary treating physician's progress report, dated 03/21/2014, lists subjective complaints as gastritis, slightly improving acid reflux, and hemorrhoids. The report also documented objective findings that included: examination of the abdomen, which revealed normo active bowel sounds and 1+ epigastric tenderness. No guarding or rebound tenderness was noted. Current diagnosis includes: 1. Gastritis, 2. Reflux esophagitis, 3. Duodenitis, 4. Large 7-cm hiatal hernia, 5. Dysphagia, 6. IBS, 7. Internal hemorrhoids, 8. Status post H. pylori infection, 9. Diverticulitis. The patient is status post right inguinal hernia surgery in about 2006 or 2007. The medical records document that the patient has been taking Sentra AM for at least as far back as 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM 1 Bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2007 Revision of the Low Back Chapter, Page 125 - Medical foods, Official Disability Guidelines, Pain Chapter: Sentra PM.

**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), Medical food.

**Decision rationale:** Sentra AM is a prescription consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions. Senta AM is prescribed for dietary management of the metabolic processes associated with fatigue and cognitive disorders. Medical food is defined in section 5(b) of the Orphan Drug Act, "As a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines." The request for Sentra AM is considered not medically necessary.