

Case Number:	CM14-0188654		
Date Assigned:	11/19/2014	Date of Injury:	06/03/2013
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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:

Patient is a 44 year-old female with date of injury 06/03/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as pain in the right shoulder, elbow, and wrist. Objective findings: Examination of the right shoulder revealed degenerative changes to the acromioclavicular joint per X-ray. Range of motion was limited in abduction to 100 degrees and flexion to 120 degrees. Tenderness was noted about the lateral aspect. Right wrist examination revealed end range pain with range of motion and tenderness to palpation of the ventral aspect of the hand and palm. Diagnosis: 1. Right shoulder tendinosis 2. Shoulder bursitis 3. Right wrist sprain. The medical records supplied for review document that the patient was first prescribed Sentra on 10/07/2014. Medications: 1. Sentra PM, #60 (No SIG was supplied by provider)

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #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, Pain Chapter

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 is a medical food. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) 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. Therefore, the request for Sentra PM #60 is not medically necessary and appropriate.