

Case Number:	CM14-0189051		
Date Assigned:	11/19/2014	Date of Injury:	03/17/2011
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and phantom limb pain reportedly associated with an industrial injury of March 17, 2011. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve request for Sentra, a dietary supplement. The claims administrator stated that its decision was a retrospective review of a medication already dispensed on October 9, 2014. In a progress note dated May 9, 2014, the applicant reported ongoing complaints of left hand pain. The applicant had phantom limb pain about the right hand, it was acknowledged. The applicant was status post left middle finger and trigger finger release surgery and status post amputations of the right index, middle, ring, and small fingers. The applicant was placed off of work. It was stated that the applicant was in the process of pursuing a spinal cord stimulator. The applicant went on to receive a stellate ganglion block on May 28, 2014. The applicant was also concurrently receiving psychological counseling, it was acknowledged. On August 14, 2014, the attending provider noted that the applicant was again placed off of work, on total temporary disability, owing to various chronic pain and depressive issues. The applicant was using Desyrel for depression, insomnia, and pain purposes, it was acknowledged. The applicant was also using Sentra, dietary supplement, for chronic pain purposes and Lyrica, an adjuvant medication, for neuropathic pain, it was further noted. On October 9, 2013, the applicant was again placed off of work, on total temporary disability, while Sentradine, an amalgam of Sentra and ranitidine, was dispensed. The applicant stated that Lyrica was helpful in terms of ameliorating his phantom limb pain complaints. The attending provider stated that the applicant had a negative gastrointestinal review of systems. The applicant specifically denied heartburn in the GI review of systems section of the note, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Sentradine (Sentra PM #60/Ranitidine 150 #30) Date of service: 10/9/14:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter, Medical food, Sentra PM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic, ACOEM Practice Guidelines, Third Edition,.

Decision rationale: The California MTUS does not address the topic of dietary supplements such as Sentra. However, the third edition of the American College of Occupational and Environmental Medicine (ACOEM) Guidelines Chronic Pain Chapter notes that dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have not been demonstrated to have any favorable outcomes or meaningful benefits in the treatment of the same. Here, the attending provider did furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the Sentra component of the request cannot be endorsed. While page 62 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are indicated to combat issues with non-steroidal anti-inflammatory drugs (NSAID)-induced dyspepsia, in this case, however, there was no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the October 9, 2014 office visit on which the article in question was sought. Since both components of the Sentradine amalgam, thus, were not indicated here, the request was not medically necessary.