

Case Number:	CM14-0189616		
Date Assigned:	11/20/2014	Date of Injury:	12/12/2012
Decision Date:	01/21/2015	UR Denial Date:	10/09/2014
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 Physical Medicine Rehab 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 injured worker has a date of injury of 12/12/12. She is being treated for chronic knee pain. An MRI diagnosis includes right knee effusion and left chondromalacia patella. On 10/6/14 request is made for Sentra AM twice a day #60 to help with alertness and energy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM BID #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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Food

Decision rationale: The injured worker is being treated for chronic knee pain. The treatment currently includes hydrocodone and acupuncture. Request has been made for Sentra AM which is a medical food containing choline bitartrate and L-glutamate. Available medical records do not provide sufficient rational to suggest a disorder related to alterness. Furthermore, medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The request is therefore not medically necessary.

