

<b>Case Number:</b>	CM14-0189635		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/18/12 when, while performing a patient transfer, the patient fell on the claimant. She continues to be treated for radiating low back and neck pain. She was seen by the requesting provider on 05/20/14. She was having constant low back pain radiating into the right lower extremity rated at 5-9/10. She had completed physical therapy and acupuncture treatments and was performing a regular home exercise program. She was working at modified duty. Physical examination findings included cervical spine tenderness cervical spine paraspinal muscle and facet tenderness. She had pain with cervical spine range of motion. There was midline lumbar spine and bilateral facet tenderness with mild right sciatic notch tenderness. She had decreased and painful thoracic and lumbar spine range of motion. There was a positive right straight leg raise. She had decreased right lower extremity strength and sensation with a decreased right ankle reflex. Authorization for an epidural injection was requested. On 06/25/14 she was having ongoing symptoms. Pain was rated at 6-8/10 without medications and 5/10 with medications. Physical examination findings included cervical paraspinal muscle spasm with lumbar spine tenderness and decreased and painful range of motion. Straight leg raising was positive. Diclofenac and omeprazole were prescribed. On 07/28/14 she was having ongoing symptoms. Pain was rated at 5-9/10. Physical examination findings appear unchanged. Authorizations for a lumbar epidural steroid injection and repeat MRI of the lumbar spine were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM, ninety count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic), Sentra PM, Mental Illness & Stress, Insomnia, Mental Illness & Stress, Insomn.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for radiating low back and neck pain. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Sentra PM is not medically necessary.