MAXIMUS Federal Services

| Case Number: | CM14-0195024 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 09/29/2011 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

## 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 Neurology, has a subspecialty in Clinical Neurophysiology, and is licensed to practice in Virginia. 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:

According to the records are available for review he injured worker is a 56-year-old male with a date of injury of 29 September, 2011. The mechanism of injury was due to repetitive work causing chronic pain. There is no specific documentation of any particular injury that occurred on the date of injury listed in the medical record. There is a clinical note dated 18 July, 2014. In this report, the patient complains of low back pain with an intensity of 6/10 and neck pain with an intensity of 7/10. He reports that the pain is associated with numbness and tingling in his legs. The pain radiates into his arms, elbows, hands, fingers, hips, thighs, knees, ankles, feet and toes. His pain symptoms are aggravated by overhead reaching, lifting, pushing, pulling, and gripping, twisting, bending, stooping, kneeling and walking. There is no documentation in the medical record to reflect a clinical diagnosis of depression. On physical exam, there is pain to palpation over the lumbar spine and over the paravertebral region of the lumbar spine bilaterally. Straight leg raise test was positive on the right in the seated position. There were trigger points noticeable in the lumbar paraspinal muscles bilaterally. Manual testing revealed a 4/5 strength with flexion, extension and lateral bending. Range of motion was restricted to 2 pain and spasm. Sensory exam revealed decreased sensation on bilateral legs in the S1 dermatomal areas. Motor examination revealed a 5 out of 5 strength in bilateral tibialis anterior, extensor hallucis longus, and gastrocnemius bilaterally.There is documentation of an MRI of the lumbar spine dated 12 August, 2013. In this study, there is documentation of small anterior lateral osteophytes seen scattered throughout lumbar spine with associated mild narrowing of the L3, L4 and L5 neural foramina bilaterally. There is disc desiccation with a 2 mm central and slightly left-sided disc protrusion noted at the L4-L5 level which flattens the ventral aspect of the thecal sac and abuts but does not compress the emerging left L5 nerve root. There is a 1 mm broad-based disc

protrusion on the left side noted at the L5-S1 level without thecal sac or nerve root compression. There is no significant change on this MRI is compared with prior MRI dated 4 February, 2012.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM #60 for the lumbar, cervical and bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Drug testing, NSAIDs, GI symptoms &. 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) 12th edition (web) 2014, Pain, Medical Food.

**Decision rationale:** The Official Disability Guidelines recommend that Sentra PM is used for the management of sleep disorders associated with depression. Regarding support for such products and chronic pain, the guidelines direct that it is appropriate to use the product as a medical food which is formulated to be consumed and administered under the supervision of a clinician and which is intended for the specific dietary management of the disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. In the case of the injured worker detailed above, there is no documentation in the medical record to suggest signs, symptoms or a diagnosis of depression. Additionally, the records failed to provide the efficacy of the requested medication. Therefore, according to the guidelines and a review of the evidence, or request for Sentra PM for the lumbar, cervical and bilateral wrists is not medically necessary.