

Case Number:	CM14-0205671		
Date Assigned:	12/17/2014	Date of Injury:	06/19/2001
Decision Date:	02/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation 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:

This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Sentra One #20 and Lidoderm Patch 5% #30. Diagnoses include lumbar sprain/strain/ disc disorder; and cervical intervertebral disc degeneration s/p cervical fusion at C5-6. Conservative care has included medications, therapy, spinal cord stimulator placement, and modified activities/rest. Medications list Prilosec, Norco, Xanax, Soma, Valium, OxyContin, Neurontin, Ambien, Lidoderm patch and Sentra one. Report of 10/23/14 from the provider noted the patient with chronic ongoing symptoms of neck pain remaining unchanged at rate of 4/10. Exam showed unchanged findings of cervical spine pain on palpation; reduced cervical range with diffuse weakness in left upper extremity. Diagnostics of 12/16/09 showed solid bony bridging of C5-6 discectomy fusion. Treatment included medication refills. The request(s) for Sentra One #20 and Lidoderm Patch 5% #30 were non-certified on 12/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra One #20: 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, pages 758-760.

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Sentra One #20 and Lidoderm Patch 5% #30. Diagnoses include lumbar sprain/strain/ disc disorder; and cervical intervertebral disc degeneration s/p cervical fusion at C5-6. Conservative care has included medications, therapy, spinal cord stimulator placement, and modified activities/rest. Medications list Prilosec, Norco, Xanax, Soma, Valium, OxyContin, Neurontin, Ambien, Lidoderm patch and Sentra one. Report of 10/23/14 from the provider noted the patient with chronic ongoing symptoms of neck pain remaining unchanged at rate of 4/10. Exam showed unchanged findings of cervical spine pain on palpation; reduced cervical range with diffuse weakness in left upper extremity. Diagnostics of 12/16/09 showed solid bony bridging of C5-6 discectomy fusion. Treatment included medication refills. The request(s) for Sentra One #20 and Lidoderm Patch 5% #30 were non-certified on 12/5/14. Sentra is a medical food supplement in alternative medicine. MTUS is silent on its use; however, ODG states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The Sentra One #20 is not medically necessary and appropriate.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This patient sustained an injury on 6/1/10 while employed by [REDACTED]. Request(s) under consideration include Sentra One #20 and Lidoderm Patch 5% #30. Diagnoses include lumbar sprain/strain/ disc disorder; and cervical intervertebral disc degeneration s/p cervical fusion at C5-6. Conservative care has included medications, therapy, spinal cord stimulator placement, and modified activities/rest. Medications list Prilosec, Norco, Xanax, Soma, Valium, OxyContin, Neurontin, Ambien, Lidoderm patch and Sentra one. Report of 10/23/14 from the provider noted the patient with chronic ongoing symptoms of neck pain remaining unchanged at rate of 4/10. Exam showed unchanged findings of cervical spine pain on palpation; reduced cervical range with diffuse weakness in left upper extremity. Diagnostics of 12/16/09 showed solid bony bridging of C5-6 discectomy fusion. Treatment included

medication refills. The request(s) for Sentra One #20 and Lidoderm Patch 5% #30 were non-certified on 12/5/14. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm Patch 5% #30 is not medically necessary and appropriate.