

Case Number:	CM14-0065415		
Date Assigned:	07/11/2014	Date of Injury:	09/23/2009
Decision Date:	04/06/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 60 year old female, who sustained an industrial injury on 9/23/2009. The diagnoses have included gastroesophageal reflux disease, hypertension, hyperlipidemia and sleep disorder. Treatment to date has included medication. According to the secondary treating physician's progress report dated 1/15/2014, the injured worker noted improving gastroesophageal reflux disease symptoms but noted no change in her hypertension or sleep quality (three to five hours). Abdomen was soft and non-tender. Medications dispensed at the visit were Sentra AM, Sentra PM and Trepadone. On 4/17/2014, Utilization Review (UR) non-certified a request for Sentra AM #60. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://ptloffice.com/downloads/marketing/Sentra_AM.pdf and Official Disability Guidelines (ODG) Treatment in Workers' Comp, 11th edition, Pain (updated 11/14/13) Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food and http://www.ptlcentral.com/downloads/monographs/Sentra_AM_latest.pdf.

Decision rationale: The injured worker sustained a work related injury on 9/23/09. The medical records provided indicate the diagnosis of gastroesophageal reflux disease; hypertension with left ventricular hypertrophy; peripheral edema secondary to hypertension; hyperlipidemia and sleep disorder, secondary to pain. The medical records provided for review do not indicate a medical necessity for Sentra AM #60. Sentra is a medical food; the MTUS is silent on it, but the Official Disability Guidelines recommends against the use of medical foods Medical foods for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes.