MAXIMUS Federal Services

Case Number:	CM14-0071922		
Date Assigned:	06/30/2014	Date of Injury:	10/18/2013
Decision Date:	05/01/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 10/18/2013. The diagnoses have included low back pain and lumbar radiculopathy. Treatment to date has included medication. According to the progress report dated 3/26/2014, the injured worker complained of low back pain. The pain radiated to the left and right buttock. He characterized the pain as constant, severe and sharp. Associated symptoms included stiffness, paravertebral muscle spasm, radicular bilateral leg pain, numbness in the left upper arm, numbness in the left foot and numbness across the lower back. Low back exam revealed localized lumbar edema. There was pain to palpation of the lumbar area and spasm of the left and right lumbar paraspinal muscles. The injured worker was given a Toradol injection.

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 Sentra AM Package Insert: http:/ptloffice.com/downloads/marketing/Sentra_AM.pdr & Official Disability Guidelines (ODG) Treatment in Workers Comp, 11th edition, Pain: 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, medical food.

Decision rationale: Sentra AM is a proprietary blend of neurotransmitters and neurotransmitter precursors (choline bitartrate, L-glutamate); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); polyphenolic antioxidants (cocoa powder, grape-seed extract, hawthorn berry); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no known benefits of these agents for the injured employees condition of neck pain and low back pain. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. For these reasons this request for Sentra AM is not medically necessary.