

Case Number:	CM14-0081587		
Date Assigned:	07/21/2014	Date of Injury:	10/28/2003
Decision Date:	01/29/2015	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/02/2014

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 Rehab 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:

According to the records made available for review, this is a 58-year-old male with a 10/28/03 date of injury. At the time (3/15/14) of request for authorization for Theramine #90, Sentra PM #60, and Sentra AM #60, there is documentation of subjective (low back pain) and objective (tenderness over the bilateral L3-5 paraspinal muscles, decreased lumbar range of motion, and decreased sensory to pin prick along the bilateral lateral legs) findings, current diagnoses (lumbar sprain, lumbago, and muscle spasm), and treatment to date (medications (including ongoing treatment with Norco)). Regarding Sentra Am and Sentra PM, there is no documentation that the product is a food for oral or tube feeding; labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and used under medical supervision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter,

Medical Food and Other Medical Treatment Guideline or Medical Evidence:
<http://www.ptlcentral.com/medical-foods-products.php>

Decision rationale: An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with depression. MTUS does not address the issue. Official Disability Guidelines identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of sprain, lumbago, and muscle spasm. However, there is no documentation that the product is a food for oral or tube feeding; labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM #60 is not medically necessary.

Sentra AM #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and Other Medical Treatment Guideline or Medical Evidence:
<http://www.ptlcentral.com/medical-foods-products.php>

Decision rationale: An online source identifies Sentra AM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. MTUS does not address the issue. Official Disability Guidelines identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of sprain, lumbago, and muscle spasm. However, there is no documentation that the product is a food for oral or tube feeding; labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for Sentra AM #60 is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AltaMedDex, 2008

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine

Decision rationale: MTUS does not address the issue. Official Disability Guidelines identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #90 is not medically necessary.