

Case Number:	CM14-0093544		
Date Assigned:	07/25/2014	Date of Injury:	09/21/2007
Decision Date:	01/22/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/19/2014

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 Illinois. 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:

The injured worker is a 59 year old male who reported an injury on 09/21/2007; the mechanism of injury was not provided. The diagnoses included cervical and lumbar spine sprain/strain, lumbar radiculopathy, chronic pain syndrome, bilateral knee pain with internal derangement, and right-sided trochanteric bursitis. Past treatment included a right sacroiliac joint block, epidural injections, and medication. Diagnostic studies included an unofficial MRI of the lumbar spine, date not specified, which indicated disc bulge at L2-L3 and L3-L4, and disc bulge with neuroforaminal narrowing at L4-L5 and L5-S1. An unofficial MRI of the cervical spine, date not specified, indicated disc protrusions at C2-C3, C3-C4, C4-C5, C5-6 and C6-C7. Surgical history included an unspecified left shoulder surgery in January 2011. The clinical note dated 04/08/2014 indicated the injured worker complained of pain in the low back, cervical spine, and knees. Physical examination revealed tenderness to palpation and decreased range of motion in the cervical and lumbosacral spine, right shoulder, and bilateral knees. Current medications included Norco 10/325 mg, Cymbalta 60 mg, Sentra PM, and compounded Amitriptyline, Tramadol and Dextromethorphan and compounded Gabapentin, Ketoprofen and Lidoderm. The treatment plan included Sentra PM to help the injured worker with his sleep. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM: 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 Pain, Medical food.

Decision rationale: Sentra PM is a medical food consisting of a proprietary blend of neurotransmitter precursors (choline bitartrate, glutamate, and 5-hydroxytryptophan); polyphenolic antioxidants (hawthorn berry, cocoa); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (acetyl-L-carnitine, glutamate, cocoa powder); and an adenosine antagonist (cocoa powder). The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Choline, an ingredient in Sentra PM, is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is a lack of clinical documentation to indicate that the injured worker had a disease or condition which would require specific dietary management using medical food. There is also no indication the injured worker was experiencing trouble sleeping, which was the reason for prescribing Sentra PM. In addition, the submitted request does not specify the frequency or quantity. Therefore, the request for Sentra PM is not medically necessary.