MAXIMUS Federal Services

Case Number:	CM15-0006867		
Date Assigned:	01/22/2015	Date of Injury:	07/15/2010
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male who sustained an industrial injury on 7/15/2010. He has reported injury to the neck, low back and right shoulder. The diagnoses have included rotator cuff tear, anemia, umbilical hernia, hiatal hernia, gastro esophageal reflux disease, gastritis irritable bowel syndrome, diverticulosis and irritable bowel syndrome. Treatment to date has included left arthroscopic subacromial decompression and arthrotomy for rotator cuff repair, physical therapy, home exercises and medication management. Currently, the IW complains of bilateral shoulder pain-right greater than left and has possible pending right shoulder surgery. Treatment plan included Sentra AM capsules #60.On 12/16/2014, Utilization Review non-certified review of Sentra AM capsules #60, noting lack of medical necessity. The MTUS was cited. On 1/9/2015, the injured worker submitted an application for IMR for Sentra AM capsules #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra am cap #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 Pain Chapter: Medical food

Decision rationale: According to the report, this patient presents with no change in abdominal pain and noted improvements in swallowing, internal hemorrhoids, blood in stool, acid reflux and diarrhea/constipation. The current request is for Sentra AM cap #60, a medical food. Sentra AM is intended for use in the management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, and neurotoxicity-induced fatigue syndrome. Sentra AM is a patented blend of neurotransmitter and neurotransmitter precursors (choline bitartrate and glutamate); activators of precursor utilization (acetyl-Lcarnitine, glutamate, and cocoa powder). The MTUS and ACOEM guidelines are silent when it come to this product. ODG on medical food states that for Choline, There is no known medical need for choline supplementation. In this case, choline, an ingredient in Sentra is not supported by ODG guidelines. Therefore, the current request IS NOT medically necessary.