

Case Number:	CM15-0006887		
Date Assigned:	01/22/2015	Date of Injury:	07/15/2010
Decision Date:	03/23/2015	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: Texas, Florida

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 49 year old male, who sustained an industrial injury on July 15, 2010. He has reported bilateral shoulder pain, neck pain, mid and lower back pain, headache, right knee pain, sleep disturbances, and gastrointestinal issues secondary to medications. The diagnoses have included lumbar spine spondylolisthesis, lumbar spine disc bulges, cervical spine disc injury, right shoulder impingement syndrome, gastritis, gastroesophageal reflux disease, duodenitis, hiatal hernia, umbilical hernia, dysphagia and diverticulosis. Treatment to date has included acupuncture, shoulder surgery and medications. The past surgery history is significant for right shoulder arthroscopic subacromium decompression and rotator cuff surgery. Currently, the injured worker notes improved gastrointestinal symptoms and complains of the umbilical and hiatal hernias. The medications listed are Dexilant, Gaviscon, Colace, Bentyl, Miralax and Sentra PM. The treating physician is requesting a prescription for Sentra PM. On December 16, 2014 Utilization Review non-certified the request for the prescription for Sentra PM noting the lack of documentation to support the medical necessity of the treatment. The ODG were cited in the decision.

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: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20. Decision based on Non-MTUS Citation Pain Chapter Medical Supplements

Decision rationale: The CA MTUS and the ODG guidelines did not address the use of medical supplements such as Sentra PM for use in chronic pain management. Sentra PM is an amino acid supplement under study for the treatment of insomnia. Sentra PM is a proprietary compound that contains choline, glutamate and tryptophan. The records indicate that the patient is utilizing multiple medications and medical supplements for various symptomatic management. There is lack of guidelines or FDA support for the chronic use of Sentra PM in the treatment of insomnia. The criteri for the use of Sentra PM #60 was not met.