

<b>Case Number:</b>	CM15-0007853		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 51 year old male, who sustained an industrial injury on 11/2/09. He has reported back and shoulder pain. The diagnoses have included L4-5 herniated nucleus pulposus, L5-S1 herniated nucleus pulposus, right shoulder rotator cuff repair, degenerative disc disease of cervical spine, chronic pain syndrome, chronic low back pain, facet syndrome of the lumbar spine, lumbar radiculopathy, cervical radiculitis, discogenic lumbar pain, facet arthropathy at L3-4, L4-5 and L5-S1 bilaterally, disc protrusion at L4-5, depression and insomnia, left greater than right lower extremity radiculopathy and disc bulge at L3-4, L2-3, L4-5 and L5-S1. Treatment to date has included rotator cuff repair, epidural steroid injections, physical therapy, home exercise program and medications. Currently, the injured worker complains of constant neck pain with radiation to the head and bilateral upper extremities. The injured worker feels there is no change in pain since his previous visit. On 12/18/14 Utilization Review non-certified Sentra AM #60, 3 bottles, noting it is not recommended as a treatment for a patient with any of the diagnoses that affect this patient. The MTUS, ACOEM Guidelines, was cited. On 1/4/15, the injured worker submitted an application for IMR for review of Sentra AM #60, 3 bottles.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter, Medical Food Vendor Website: SENTRA AM

**Decision rationale:** This patient presents with neck pain, radiating to the head and bilateral upper extremities. The treater has asked for SENTRA AM #60 on 11/6/14. According to the vendor website, Sentra AM is a medical food from [REDACTED], [REDACTED], [REDACTED] with a proprietary blend of choline and acetylcarnitine as precursors to acetylcholine and L-Carnitine production. Regarding medical food, ODG states the following: Choline: Choline 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 inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). A fishy odor may occur with use. (AltMedDex, 2008) (Clinical Pharmacology, 2008). Glutamic Acid: This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. (AltMedDex, 2008) (Lexi-Comp 2008) On page 111, under topical analgesics, MTUS gives a general statement about compounded products: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the vendor, Sentra AM is a proprietary blend of neurotransmitter precursor (choline bitartrate, glutamate); 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). Sentra AM contains Choline, and ODG guidelines for Coline states: 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. In this case, review of the reports show no mention of choline deficiency secondary to liver deficiency. As the use of Choline would not be recommended for this patient, the entire compounded product Sentra AM is therefore not recommended. The request IS NOT medically necessary.