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| Case Number: | CM15-0109991 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 03/28/2012 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 3/28/12. She subsequently reported shoulder, wrist, back, hips and left knee pain. Diagnoses include insomnia. Treatments to date include sleep study, nerve conduction, MRI and x-ray testing, TENS unit psychotherapy and prescription pain medications. The injured worker continues to experience sleep disturbance, neck, low back and left knee pain. Upon examination, there is pain on palpation to the cervical, thoracic and lumbar spine. The left knee range of motion is reduced. McMurray's and anterior drawer tests are positive on the left. A request for Sentra AM #60 with 3 bottles and Sentra PM #60 with 3 bottles was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 with 3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food ; <http://ptlofice.com/downloads/marketing/Sentra Am Package Insert Sept2012.pdf>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met. Therefore, the request is not medically necessary.

Sentra PM #60 with 3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The requested medication is for weight loss. The criteria per the ODG have not been met. Therefore, the request is not medically necessary.