

Case Number:	CM15-0019405		
Date Assigned:	02/09/2015	Date of Injury:	01/23/2010
Decision Date:	04/03/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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 53-year-old female who reported an injury on 01/23/2010. The mechanism of injury was a slip and fall. Diagnoses include chronic widespread pain disorder following traumatic brain injury, right shoulder internal derangement, major depressive disorder, cervical stenosis, gastroesophageal reflux disease, and history of irritable bowel symptoms. On her followup visit on 12/02/2014, the injured worker reported symptoms of constipation, right upper quadrant abdominal pain, depression, anxiety, bloated, and palpitations. It was also noted that she reported no change in her sleep quality secondary to pain and was sleeping 4 hours and awakening 2 times per night secondary to anxiety and pain. She also reported blurred vision of both eyes. Physical examination revealed tenderness to palpation in the epigastric area with no guarding of the abdomen. Her medications were noted to include Nexium 1 tablet daily, ranitidine 150 mg at bedtime, Gaviscon 1 tablespoon 3 times daily as needed, Citrucel 3 times a day as needed, Colace 100 mg twice a day as needed, probiotics twice daily, Anusol suppositories as needed, Sentra AM (dosage and frequency not provided), and Sentra PM (dosage and frequency not provided). The injured worker was also noted to be taking medications from her psychiatrist to include Nucynta, Lyrica, pain patches, clonazepam, Zoloft, Ambien, Wellbutrin, and Ativan. Tramadol was also listed as being prescribed from a different provider. Requests were received for Sentra Am # 60 1 bottle and Sentra PM # 60 1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra Am # 60, 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: Sentra AM is medical food which contains choline, acetylcarnitine, acetylcholine, and L-carnitine. According to the Official Disability Guidelines, choline is a precursor of acetylcholine, and there is no known medical need for choline supplementation except for cases of long term parenteral nutrition or for individuals for choline deficiency secondary to liver deficiency. The guidelines specifically state that there is inconclusive evidence for this product for endurance, memory, seizures, and transient ischemic attacks. Additionally, the Official Disability Guidelines specifically state medical foods are not recommended for chronic pain at this time. The clinical information submitted for review indicated that the injured worker has chronic pain, depression, and sleep disturbance. She has been using Sentra AM and Sentra PM since at least 11/27/2012. However, as the guidelines do not support use of choline for these conditions and medical foods are still under study for use in chronic pain disorders, the request is not supported. In addition, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Sentra PM # 60, 1 bottle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Sentra PM $\frac{1}{2}$.

Decision rationale: According to the Official Disability Guidelines, Sentra PM is under study for insomnia. The guidelines state preliminary results from studies are promising, but independent unbiased studies are necessary for a recommendation. The guidelines go on to state that Sentra PM is a medical food intended for use in management of sleep disorders. The clinical information submitted for review indicated that the injured worker does have chronic pain as well as depression and sleep disturbance. She has been using Sentra AM and Sentra PM since at least 11/27/2012. However, as the guidelines specifically state that medical foods, including Sentra PM are under study at this time, continued use of this medication is not supported. In addition, the request as submitted did not include a frequency. As such, the request is not medically necessary.

