

Case Number:	CM15-0019856		
Date Assigned:	02/09/2015	Date of Injury:	10/05/2011
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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 10/05/2011. The mechanism of injury reportedly occurred when she jammed her finger in a sliding door. Her diagnoses included bilateral hand pain, bilateral knee pain, and lumbar spine sprain. The clinical note dated 11/20/2014 was handwritten and hard to decipher. The injured worker was seen for followup. She complained of insomnia and fatigue. The examination of the lumbar spine showed spasms and decreased range of motion, a positive Phalen's and Tinel's to the bilateral hands, and tenderness to palpation with spasm and decreased range of motion to the bilateral knees. Prior therapies included acupuncture. Medications utilized included topical analgesics. The provider recommended Theramine, Sentra AM and Sentra PM, and Gabadone. The Request for Authorization is dated 11/25/2014.

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 ODG, Treatment Index, 12th Edition (web), 2014, Pain Chapter, Medical Food.

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 Foods.

Decision rationale: The request for Sentra PM #60 is not medically necessary. The Official Disability Guidelines (ODG) state medical foods are defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods are not recommended for chronic pain. The injured worker does not have a disease or condition distinctive nutritional requirements requirements. It was noted by the provider that the intention for medical food recommendations was to manage the disorder, pain, and generalized fatigue, and to aid in the metabolic process of sleep disorders associated with anxiety. There are no quality studies demonstrating benefits of medical foods in the treatment of chronic pain. There was a lack of documentation as to the frequency of use for said medication. The request is not supported. As such, the request for Sentra PM #60 is not medically necessary.