

Case Number:	CM15-0130737		
Date Assigned:	07/10/2015	Date of Injury:	12/14/2007
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial /work injury on 12/14/07. He reported an initial complaint of pain in the lumbar spine, shoulders, and cervical spine. The injured worker was diagnosed as having atypical chest pain, dyslipidemia, hypertension, palpitations, anxiety, hyperlipidemia, ventricular tachycardia. Treatment to date includes medication, diagnostic testing, and acupuncture. Physical therapy was not ordered due to heart condition. MRI results were reported on 3/22/15 of the lumbar spine that shows desiccation from disc degeneration. Currently, the injured worker complained of left lumbar, left sacroiliac. Buttock, pelvic, cervical, shoulder, arm elbow, knee, forearm, hand, chest and right TMJ pain. Per the primary physician's report (PR-2) on 5/14/15, exam revealed pain in all areas described at approximately 40% of the time. This included tenderness at the bilateral anterior shoulder, cervical, upper thoracic, bilateral cervical, bilateral anterior wrist, lumbar, and bilateral sacroiliac areas. There was also complains of dizziness. There was positive sining root on right, positive Braggard's tests. Current plan was to refer to cardiology, dentist, acupuncture, topical analgesic, oral analgesic, internal medicine, and diagnostics. The requested treatments include Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60 (2 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: Pain Chapter: (Online Version) 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 chapter, medical foods.

Decision rationale: The MTUS does not address the use of medical foods in treatment of chronic pain, and therefore the Official Disability Guidelines provide the preferred mechanism for assessing clinical necessity in this case. The ODG states that medical foods are not recommended for treatment in chronic pain. Sentra is a medical food intended for use in management of sleep disorders associated with depression. Because the use of medical foods is not recommended by the guidelines and there are more well-recognized and clinically proven treatments supported by evidence-based medicine, the request for Sentra is not medically necessary.