

Case Number:	CM15-0131226		
Date Assigned:	07/17/2015	Date of Injury:	11/18/2013
Decision Date:	09/10/2015	UR Denial Date:	06/02/2015
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: New York
 Certification(s)/Specialty: Internal 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 44 year old male injured worker suffered an industrial injury on 11/18/2013. The diagnoses included lumbar sprain/strain with right lower extremity radiculopathy, right knee strain/sprain and sleep disturbance. The diagnostics included right knee x-ray, lumbar magnetic resonance imaging, and nerve conduction velocity studies. The treatment included chiropractic therapy, acupuncture, pool therapy, medications, lumbar epidural steroid injections and physical therapy. On 5/13/2015 the treating provider reported low back pain, right lower extremity pain with associated with numbness and tingling and erectile dysfunction. The injured worker had not returned to work. The requested treatments included sleep specialist and 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 (1-2 tabs po QHS 30 day supply): 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).

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

Decision rationale: Official Disability Guidelines (ODG) state that dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Sentra is a medical food that contains choline barbiturate and glutamate, acetyl-l-choline, coco powder, grape seed extract, hawthorn berry and ginkgo biloba. There is no role for these supplements as treatment for chronic pain. Review of medical records didn't mention any rationale, or any documentation of deficiency. Therefore the request is not medically appropriate.