Case Number:	CM15-0136630		
Date Assigned:	07/31/2015	Date of Injury:	10/29/2001
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 50-year-old female, who sustained an industrial injury on October 29, 2001. Treatment to date has included diagnostic imaging, topical pain medications, opioid therapy, and home exercise program. Currently, the injured worker complains of increased pain in the low back and neck with radiation of pain to the bilateral upper extremities. She describes her pain as sharp, aching, throbbing, and burning pain. She rates her pain a 4 on a 10-point scale with medications and an 8 on a 10-point scale without medications. On physical examination, the injured worker has tenderness to palpation over the bilateral cervical and trapezius muscles. She had bilateral tenderness to palpation and spasms of the L3-4 paraspinous muscles. The injured worker has decreased cervical spine and lumbar spine range of motion. The diagnoses associated with the request include lumbago, thoraco-lumbar neuritis or radiculitis, lumbar sprain, lumbosacral sprain, cervical radiculopathy, and spasm of muscle. The treatment plan includes continued home exercise program, Norco, Valium, flurbiprofen 20% ointment, Sentra am and Sentra pm for chronic fatigue. The evaluating physician notes that the injured worker uses Sentra pm at night before bed to improve sleep latency and quality of sleep and to reduce feels of depression. She uses Sentra am to improve fatigue, muscle function and cognition. Her use of Sentra pm has resulted in a faster time for the injured worker to fall asleep, les awakenings and improver her depressed feelings. Her Sentra am has provided less fatigue, more energy and improved mental acuity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 (1 tab po BID 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.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized diseases state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria and therefore the request is not medically necessary.

Sentra PM #60 (1 tab po BID 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.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized diseases state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria and therefore the request is not medically necessary.