

<b>Case Number:</b>	CM15-0143268		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 52-year-old female who sustained an industrial injury on July 25, 2006. She reports low back pain rated 8 out of 10 with bilateral lower leg sciatic complaints. Diagnosis include gastroesophageal reflux disease, gastritis, irritable bowel syndrome, hemorrhoids, status post H pylori treatment, hypertension, hyperlipidemia, obstructive sleep apnea, diabetes mellitus, and depression. Lung sounds were clear with a regular heart rate and rhythm. The treatment plan included Sentra AM # 60. The treatment request included Sentra PM # 60 3 bottles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM #60, 3 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, Mental Illness & Stress.

**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/Sentra PM.

**Decision rationale:** According to the Official Disability Guidelines, Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. Per ODG, Sentra PM is not recommended. The request for Sentra PM #60, 3 bottles is therefore not medically necessary and appropriate.