

Case Number:	CM15-0148414		
Date Assigned:	08/11/2015	Date of Injury:	03/29/2002
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/30/2015

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, 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 59 year old female, who sustained an industrial injury on March 29, 2002, incurring neck, bilateral shoulders, upper back and mid back injuries. Cervical Magnetic Resonance Imaging revealed degenerative disc disease, and cervical stenosis. She was diagnosed with degenerative joint disease of the acromioclavicular joint, cervical sprain, cervical radiculopathy, and torn right biceps tendons. She underwent a surgical repair of the right shoulder. Treatment included pain medications, muscle relaxants, sleep aides, antidepressants, chiropractic sessions, physical therapy and activity restrictions. Currently, the injured worker complained of left shoulder pain with reduced range of motion with difficulty raising her arm. She complained of persistent generalized pain and difficulty sleeping. She used medical marijuana for insomnia. The treatment plan that was requested for authorization included a prescription for Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Food entries: Delpin (L-methylfolane).

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/Sentra PM).

Decision rationale: CA MTUS/ACOEM does not address medical foods. ODG states that 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. Regarding choline, there is no known medical need for choline supplementation. For glutamic acid, this supplement has been used to treat hypochlorhydria and achlorhydria. It is generally used for digestive disorders. For 5 hydroxytryptophan, it is possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has also been found to be effective in depression. In this case, a compounded medical food has been prescribed in which only one component (5-hydroxytryptophan) is of possible benefit to the patient. The other ingredients are not supported by the ODG and no rationale is provided for their use. The request for Sentra PM is not medically necessary or appropriate.