

Case Number:	CM15-0181852		
Date Assigned:	09/23/2015	Date of Injury:	10/04/2003
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, 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 55 year old female, who sustained an industrial injury on 10-4-2003. The injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar-lumbosacral disc degeneration and ankle-foot joint pain, and right shoulder strain and tendinitis. The request for authorization is for: Sentra PM medical food quantity 90, refill 3; and Flector 1.3 percent patch quantity 60, refill 3. The UR dated 8-26-15: non-certified Sentra PM medical food quantity 90, refill 3; and certified Flector 1.3 percent patch quantity 60, refill 3. Dates of service reviewed included: 2-18-15 to 8-10-15. Current subjective findings reported: low back and lower extremity pain. She indicated she had trouble walking and often trips over steps or curbs due to inability of lifting her legs high enough. She indicated that Sentra PM was helpful in reducing pain at night and in more restful sleep. Current physical examination findings revealed: an antalgic gait, no muscle atrophy, decreased lumbar spine range of motion, decreased sensation in the right L5 and right S1 dermatomes, positive straight leg raise testing and spasms in the low back. Pain level reported: Her current pain level is not documented. The treatment and diagnostic testing to date has included: TENS, QME (8-4-15), lumbar epidural steroid injection (date unclear) which is reported to have given good pain relief; home exercise program, orthotics; magnetic resonance imaging of the lumbar spine (6-12-12), ice packs, and physical therapy. Current medications listed: Flector patch, Ibuprofen, Sentra PM, Lidoderm 5 percent patches, Theramine, Synovacin, Clarinex and Sudafed. Medications have included: Flector patch, Ibuprofen, Sentra PM, various over the counter medications including Melatonin, Dicofenac, and Tylenol. Current work status reported is: permanent and stationary with permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM medical food #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Sentra PM is a medical food containing amino acids including choline, L-carnitine, and L-glutamate. It is intended to be used for controlling sleep. According to the ODG guidelines, choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Glutamate is used for treatment of hypochlohydria and achlorhydria. There is no indication that the claimant has the above diagnoses. There is insufficient evidence to define the benefit of Sentra PM. There was no mention of failure of 1st line medications, discontinuing caffeine or behavioral interventions. The claimant was also on Melatonin. The use multiple sleep aids along with the use of Sentra PM with 3 additional refills is not medically necessary.