

<b>Case Number:</b>	CM15-0197523		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 33 year old female, who sustained an industrial injury on 08-19-2011. The injured worker is currently working as of 09-04-2015. Medical records indicated that the injured worker is undergoing treatment for cervicobrachial syndrome, pain in shoulder joint, anxiety and depression, neck pain, and pain in left hip joint. Treatment and diagnostics to date has included injection to the shoulder, MRI of the left shoulder, physical therapy, and medications. Recent medications have included Cyclobenzaprine, Naproxen, and Sentra PM medical food (since at least 08-01-2014). After review of progress notes dated 08-07-2015 and 09-04-2015, the injured worker reported neck and left shoulder pain. Objective findings included decreased cervical spine range of motion. The request for authorization dated 09-10-2015 requested Naproxen and Sentra PM medical food #60, take 1-2 at bedtime for sleep. The Utilization Review with a decision date of 09-17-2015 non-certified the request for Sentra PM medical food #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Sentra PM.

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

**Decision rationale:** Guidelines do not support use of Sentra PM or medical foods. In this case, the patient has used Serta PM on a long-term basis and most recent documentation indicates there are ongoing sleep difficulties despite its use. In the absence of significant clinical improvement, use of a drug is not recommended by guidelines is not appropriate. The request for Sentra PM medical food #60 is not medically appropriate and necessary.