

<b>Case Number:</b>	CM15-0022881		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female who reported an injury on 05/13/2011. The mechanism of injury involved a fall. The current diagnoses include abdominal pain, acid reflux, constipation/diarrhea, nausea/vomiting, shortness of breath, and sleep disorder. Orthopedic diagnoses include cervical strain, lumbar sprain, headaches, and disc protrusion. Psychiatric diagnoses include depression with anxiety. It is also noted that the injured worker is status post right shoulder surgery on an unknown date. The injured worker presented on 12/04/2014 with reports of an improvement in abdominal pain with the current medication regimen. The injured worker reported unchanged shortness of breath, status post deviated septum. Upon examination, the lungs were clear to auscultation, there was a regular heart rate and rhythm, and the abdomen was soft with normal active bowel sounds. Extremities, examination of tenderness and range of motion was deferred to the appropriate specialist. Recommendations included continuation of Nexium, Gaviscon, Citrucel, probiotics, Amitiza, Fiorinal, meclizine, Sentra AM, Theramine, and Trepadone. A Request for Authorization form was then submitted on 12/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Medical Foods.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. In this case, the medical records do not establish that the injured worker has a condition for which Sentra AM is indicated. There is no specific dietary requirement of the amino acids included in the medication to warrant supplementation. Given the above, the request is not medically appropriate at this time.