

<b>Case Number:</b>	CM15-0027470		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51-year-old male who sustained an industrial injury on 9/8/08. The injured worker reported symptoms in the back and right knee. The diagnoses included cervical spine disc herniation, lumbar spine disc herniation and right knee osteoarthritis. Treatments to date include chiropractic treatment, acupuncture and oral medications. In a progress note dated 1/19/15, the treating provider did not provide a narrative. On 1/27/15 Utilization Review non-certified the request for Sentra AM Capsule quantity of 60. The California Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM Cap #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 Chapter, Medical Food.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sentra AM capsules #60 are not medically necessary. Sentra AM is a medical food. Medical foods are not recommended for chronic pain. Medical foods are not recommended as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In this case, the injured worker's working diagnoses are cervical spine disc herniation; lumbar spine disc herniation; and right knee osteoarthritis. Medical foods are not recommended for chronic pain. Sentra AM is a medical food. Consequently, the guidelines do not recommend medical foods in chronic pain and, as a result, Sentra AM is not medically necessary.