

Case Number:	CM15-0033262		
Date Assigned:	02/26/2015	Date of Injury:	09/08/2008
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 September 8, 2008. His diagnoses include cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, right knee osteoarthritis, and sleep disorder, rule out obstructive sleep apnea. He has been treated with cardio-respiratory diagnostic testing and medical food for sleep. The physical exam revealed decreased range of motion with spasms of the cervical spine and lumbar spine. The right knee had moderate swelling. The treatment plan includes medical food for sleep. On January 27, 2015 Utilization Review non-certified/modified a prescription for Sentra PM #60, noting the lack of evidence of attempts at improved sleep hygiene prior to the initiation of this medication. The Official Disability Guidelines (ODG) was cited.

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).

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 PM #60 is not medically necessary. 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. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are hypertension, aggravated by work-related injury; hyperlipidemia, secondary to hypertension; shortness of breath; abdominal pain; acid reflux; sleep disorder; mitral stenosis; and gastritis. Medical foods are not indicated for chronic pain. There is no clinical indication or rationale for medical foods including Sentra PM. Consequently, absent clinical documentation to support the need for Sentra PM, Sentra PM #60 is not medically necessary.