

Case Number:	CM15-0036192		
Date Assigned:	03/04/2015	Date of Injury:	11/06/2009
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/26/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on 11/06/2009. The injured worker suffered a stroke and closed head trauma on that date. He has developed subsequent right sided hemiparesis, cephalgia, memory impairment, blurred vision, abdominal and right knee pain and was diagnosed with hemorrhagic stroke, abdominal pain, hypertension, depression, anxiety and orthopedic diagnosis. Treatment to date has included physical and speech therapy, cognitive behavioral therapy, medication and dietary restrictions. In a progress note dated 02/18/2014, the injured worker complained of improvement in right sided weakness but no change in abdominal pain, headaches, hypertension, sleep quality, memory or blurred vision. Objective findings were notable for slightly elevated blood pressure, systolic murmurs at the apex and right sided hemiparesis. Requests for authorization of transportation/interpretation services, Sentra AM and labs were made without an explanation as to why the requests were being made. On 02/23/2015, Utilization Review non-certified requests for transportation/interpretation services, Sentra AM and labs, noting that there was no documentation that the injured worker required specialized medical transportation services to get him to the physician's office or that he is unable to receive medical care, that there was no objective evidence of efficacy for Sentra in treatment of hypertension, stroke or residuals and that there were no specific labs requested or rationale for requesting lab work. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation/interpretation services Qty: 1.00: Overturned

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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transportation to and from medical visits.

Decision rationale: The MTUS does not address the issue of transportation to and from medical appointments. The ODG guidelines recommend medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. In this case, the records document that he has a family support system for transportation. The decision for transportation to and from medical visits should be agreed upon by the payer, provider and patient as recommended in the ODG guidelines. The request for transportation to and from medical visits is not medically necessary. The request for interpretation services is well documented in the medical record for this claimant who is monolingual, and is considered to be medically necessary. The medical records document multiple requests for Translation/Interpretation services and no documentation of difficulty with obtaining transportation. It is possible that this might represent a typographical error where Translation/Interpretation services was intended. Regardless, the request for transportation services is not medically necessary whereas, the request for interpretation services is medically necessary.

Sentra AM Qty: 240.00: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical food and Product insert for Sentra AM.

Decision rationale: The MTUS does not address the use of Sentra as a medical food. Sentra AM is a proprietary formulation of amino acids and other dietary factors to support induction, maintenance, and enhancement of the specific neurotransmitter activity involved in the physiology of fatigue or cognitive disorders. The formulation consists of Choline Bitartrate, Cocoa Extract, L-Glutamic Acid, Acetyl L-Carnitine, Dextrose, Ginkgo Biloba, and Hawthorn Berry. These ingredients fall into the classification of Generally Recognized as Safe (GRAS) as defined by the Food and Drug Administration (FDA) (Sections 201(s) and 409 of the Federal

Food, Drug, and Cosmetic Act). A GRAS substance is distinguished from a food additive on the basis of the common knowledge about the safety of the substance for its intended use. The standard for an ingredient to achieve GRAS status requires not only technical demonstration of non-toxicity and safety, but also general recognition of safety through widespread usage and agreement of that safety by experts in the field. The ODG guidelines state that the FDA defines medical food as "a food which is formulated to be consumed or administered enterally 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, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. 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. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose choline include hypotension, acute GI distress, and cholinergic side effects (such as sweating and diarrhea). Glutamic acid is a precursor of gamma-aminobutyric acid (GABA). This supplement is used for treatment of gastric hydrochloric acid deficiency. Potential treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. The request for use of a medical food such as Sentra is not supported by the MTUS. Its use must be supported by documentation of the specific condition for which distinctive nutritional requirements, based on recognized scientific principles, are established. The request for Sentra AM, #240, is not medically necessary.

Labs Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Various medications with recommendation for laboratory monitoring. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug formulary, General recommendations.

Decision rationale: The MTUS does not address laboratory studies for diabetes, GI issues, hypertension or cardiovascular disorders. The MTUS guidelines recommend tests of renal function, hepatic function, electrolytes and other lab studies to assess the effects of medications. The ODG guidelines, in the General Recommendations section, states that prescribers should consider the need for medication monitoring with some medications, including periodic lab work as necessary. In this case the rationale and clinical indications for additional lab testing is not provided. The Utilization Review is supported in that the specific tests requested, with rationale for the specific tests requested, should be documented. The request for labs, quantity 1, is not medically necessary.