

Case Number:	CM15-0050468		
Date Assigned:	04/15/2015	Date of Injury:	12/22/2006
Decision Date:	05/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

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 68 year old female who sustained an industrial injury on 12/22/06 when she reached to pull cardboard she felt a pulling sensation in her right shoulder. She worked with pain for two weeks and then reported the injury at which time she was sent for treatment. She had x-rays taken, was given medication, received an arm sling and was referred to an orthopedic specialist. She had MRI of the right shoulder and surgery was recommended which she had 9/28/07 and then again in 9/2008. She had post-operative physical therapy with no benefit. She later returned to work and continued to experience pain. She currently complains of right anterior shoulder, right posterior shoulder, right cervical dorsal, right mid-thoracic, right anterior arm, right anterior elbow, forearm, wrist and hand pain. She has numbness and tingling and dizziness. Her pain intensity is 1/10 and is as high as 8/10. Her activities of daily living are limited due to pain. Medications are Prilosec, Gaviscon, Probiotics, aspirin, Sentra AM, Sentra PM. Diagnoses include headache, face, head pain; anxiety/ depression; cervical disc disorder; brachial neuritis or radiculitis; shoulder tendinitis; adhesive capsulitis- shoulder; tear lateral meciscus, knee; osteoarthritis lower limb; sleep disorder secondary to pain and stress, rule out obstructive sleep apnea. Treatments to date include home exercise, pain medications, rest, right knee injections. Diagnostics include x-ray cervical spine with mild degenerative changes; x-ray of the right hand, normal; x-ray right shoulder, unremarkable (2/4/15); MRI right knee (no date); MRI right elbow (no date) with subsequent right elbow surgery (7/2014). In the progress note dated 1/8/15 the treating provider's plan of care includes Sentra AM and Sentra Pm and to continue with course of sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60 x3 bottles: 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), 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 (Chronic) Medical food.

Decision rationale: The injured worker sustained a work related injury on 12/22/06. The medical records provided indicate the diagnosis of headache, face, head pain; anxiety/depression; cervical disc disorder; brachial neuritis or radiculitis; shoulder tendinitis; adhesive capsulitis- shoulder; tear lateral meniscus, knee; osteoarthritis lower limb; sleep disorder secondary to pain and stress, rule out obstructive sleep apnea. Treatments to date include home exercise, pain medications, rest, right knee injections. The medical records provided for review do not indicate a medical necessity for Sentra PM #60 x3 bottles. Sentra PM is a medical food containing choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine used in management of sleep disorders associated with depression. The MTUS is silent on it, but the Official Disability Guidelines recognizes as a medical food. The Official Disability Guidelines recommends against the use of medical food for such reasons as: the need for it to be consumed or administered enterally under the supervision of a physician; 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; lack of proven benefit. The request is not medically necessary.

Sentra AM #30 x3 bottles: 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), Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG) Pain (Chronic) Medical food 2.http://nutrientpharmacology.com/sentra_AM.html.

Decision rationale: The injured worker sustained a work related injury on 12/22/06. The medical records provided indicate the diagnosis of headache, face, head pain; anxiety/depression; cervical disc disorder; brachial neuritis or radiculitis; shoulder tendinitis; adhesive capsulitis- shoulder; tear lateral meniscus, knee; osteoarthritis lower limb; sleep disorder secondary to pain and stress, rule out obstructive sleep apnea. Treatments to date include home

exercise, pain medications, rest, right knee injections. The medical records provided for review do not indicate a medical necessity for Sentra AM #30 x3 bottles. Sentra AM is a medical food containing L-Glutamic Acid, Choline Bitartrate, Cocoa, L-Acetylcarnitine, Hawthorn Berry and Dextrose used for the Medical Management of Cognitive Disorders. The MTUS is silent on it, but the Official Disability Guidelines recognizes as a medical food. The Official Disability Guidelines recommends against the use of medical food for such reasons as: the need for it to be consumed or administered enterally under the supervision of a physician; 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; lack of proven benefit. The request is not medically necessary.