

<b>Case Number:</b>	CM15-0050495		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 49 year old male injured worker suffered an industrial injury on 06/05/2009. The diagnoses were cervical IVD displacement, brachial neuritis, carpal tunnel syndrome, lumbar IVD displacement with radiculitis. The diagnostics included cervical spine x-rays and cervical spine computerized tomography. The injured worker had been treated with cervical spine fusion, medications, and home exercise program. On 1/31/2015 the treating provider reported left and right lumbar, right sacroiliac, right buttock right posterior leg right foot, left anterior wrist/hand, and left/right cervical pain 4/10 with numbness and tingling. The treatment plan included Sentra PM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM Cap #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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) Sentra PM.

**Decision rationale:** The injured worker sustained a work related injury on 06/05/2009. The medical records provided indicate the diagnosis of cervical IVD displacement, brachial neuritis, carpal tunnel syndrome, lumbar IVD displacement with radiculitis. Treatments have included cervical spine fusion, medications, and home exercise program. The medical records provided for review do not indicate a medical necessity for Sentra PM Cap #60 with 2 refills. Sentra is a medical food, and like all medical foods, the Official Disability Guideline recommends against their use. They are administered enterally and need to be given under the supervision of a physician. The MTUS is silent on it.