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| <b>Case Number:</b>   | CM15-0057215 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 07/11/2003 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 03/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on July 11, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having major depression, status post two cervical fusions, hypermobility with junctional pathology and disc annular tear at cervical 4-5, and bilateral carpal tunnel syndrome. Diagnostics to date has included x-rays. Treatment to date has included psycho pharmacotherapy and medications including pain, antidepressants, anxiolytic, sleep, creams, and medical food. On March 3, 2015, the injured worker complains of increased pain. She has constant left arm pain. The pain wakes her up at night. The treating physician noted that she has benefited from her medications. She complains of anxiety and depression. Her irritability and agitation continues. The mental status exam revealed a depressed mood and affect. She was feeling irritable. There were feelings of hopelessness and helplessness. The treatment plan includes proton pump inhibitor medication for gastrointestinal upset and medical food. The requested treatments are a proton pump inhibitor medication and a medical food.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient was injured on 03/17/15 and presents with neck pain and left upper extremity pain. The request is for Omeprazole 20 MG #60. The RFA is dated 03/03/15 and the patient is permanent and stationary. The report with the request is not provided. It appears that this is the initial trial for this medication. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient is diagnosed with major depression, status post two cervical fusions, hypermobility with junctional pathology and disc annular tear at cervical 4-5, and bilateral carpal tunnel syndrome. There is midline tenderness, spasm, and tightness over the paralumbar musculature of the 4 cervical spine, weakness on overhead reach with some trapezius spasm on the left upper extremity, and range of motion is reduced. The reason for the request is not provided. As of 03/11/15, the patient is taking Tylenol with codeine and Hydrocodone. There are no NSAIDs listed nor does the treater document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested omeprazole is Not medically necessary.

**1 prescription of Sentra AM #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ptlcentral.com/downloads/product-sheets/Sentra-AM.pdf>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter, Medical Foods.

**Decision rationale:** The patient was injured on 03/17/15 and presents with neck pain and left upper extremity pain. The request is for Sentra AM #120. The RFA is dated 03/03/15 and the patient is permanent and stationary. The report with the request is not provided. The MTUS and ACOEM guidelines are silent when it comes to this product. ODG, Pain Chapter under Medical Foods states: "medical food: intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision." The patient is diagnosed with

major depression, status post two cervical fusions, hypermobility with junctional pathology and disc annular tear at cervical 4-5, and bilateral carpal tunnel syndrome. There is midline tenderness, spasm, and tightness over the paralumbar musculature of the cervical spine, weakness on overhead reach with some trapezius spasm on the left upper extremity, and range of motion is reduced. None of the reports provided discuss Sentra AM and the report with the request is not provided. Sentra AM is a medical food prescribed for sleep issues, fibromyalgia, and cognitive decline. In this case, there is no diagnoses of any sleep issues, fibromyalgia, or cognitive decline the patient may have. Provided medical records do not indicate that the patient has been diagnosed with a nutritional disorder or that supplement will be administered under medical supervision. Furthermore, there is no mention of choline deficiency secondary to liver deficiency in provided reports. Since use of Choline is not indicated for this patient, the request for Sentra AM cannot be recommended. The requested Sentra AM is not medically necessary.