

<b>Case Number:</b>	CM15-0057575		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: 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 65-year-old, female who sustained a work related injury on 10/9/08. The diagnoses have included gastroesophageal reflux, irritable bowel syndrome, diabetes mellitus, blurred vision and obstructive sleep apnea. Treatments have included lab tests, Accu-chek blood glucose monitoring and medications. In the PR-2 dated 2/5/15, the injured worker complains of unchanged gastric reflux, sleep disturbance, blurry vision and unchanged diarrhea/constipation. She has unchanged energy and anxiety. She has insomnia. The treatment plan is the dispensing of Sentra AM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM #60 3 bottles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical foods.

**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 Food.

**Decision rationale:** Based on the 02/05/15 progress report, the patient presents with unchanged gastric reflux, diarrhea/constipation, blurred vision and sleep disturbances. The request is for SENTRA AM #160 3 BOTTLES. The RFA provided is dated 02/05/15 and the patient's date of injury is 10/09/08. The diagnoses have included gastroesophageal reflux, irritable bowel syndrome, diabetes mellitus, blurred vision and obstructive sleep apnea. Treatments have included lab tests, Accu-chek blood glucose monitoring and medications. Current medications include Sentra AM, HCTZ, Benazepril, Prilosec, Gaviscon, Gemfibrozil, Lovaza, Metformin, Glipizide, Aspirin and diabetic strips. The patient is temporarily totally disabled. ODG, Pain Chapter, Medical Food 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." Per 11/04/14 report, treater states, "I instructed the patient to adhere to a course of sleep hygiene and to increase her fluid intake for regular bowel movements." Sentra AM is a medical food prescribed for sleep issues, fibromyalgia, and cognitive decline. ODG-TWC guidelines do not recommend medical foods for chronic pain. In this case, the patient has a diagnosis of sleep apnea and reports of sleep disturbances, but medical reports do not indicate the patient has been diagnosed with a nutritional disorder, or that said supplement will be administered under medical supervision. Furthermore, review of the reports show no mention of choline deficiency secondary to liver deficiency. As the use of Choline would not be recommended for this patient, the entire compounded product Sentra AM is therefore not recommended. The request IS NOT medically necessary.