

<b>Case Number:</b>	CM15-0058585		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/08/2005
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 43-year-old male, with a reported date of injury of 02/08/2005. The diagnoses include cervical radiculitis, lumbar failed back surgery syndrome, lumbar spinal stenosis, lumbar radiculopathy, chronic pain syndrome, neuropathic pain, prescription narcotic dependence, neck pain, and total body pain. Treatments to date include Percocet, Tramadol, Norco, Terocin patch, Menthoderm gel, Percura, an MRI of the lumbar spine, and an MRI of the cervical spine. The medical report dated 12/30/2014 indicates that the injured worker complained of total body pain. The objective findings were not documented in the medical record. The treating physician requested Sentra AM and B-12 injections (date of service: 01/13/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Sentra AM 2 tablets every AM #60 date of service 1/13/15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food, pages 758-760.

**Decision rationale:** Sentra is a medical food supplement in alternative medicine. MTUS is silent on its use; however, ODG states to be considered, the product must, at a minimum, 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, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The request for Retrospective Sentra AM 2 tablets every AM #60 date of service 1/13/15 is not medically necessary and appropriate.

**Retrospective B-12 Injection 2 cc's IM dos 1/13/15:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin B, page 865.

**Decision rationale:** ODG states under Pain Chapter, Vitamin B is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Submitted reports have not demonstrated support for this Vitamin B12 injection supplement outside guidelines criteria. Submitted reports have not demonstrated functional improvement from treatment previously rendered. The Retrospective B-12 Injection 2 cc's IM dos 1/13/15 is not medically necessary and appropriate.