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| <b>Case Number:</b>   | CM15-0062086 |                              |            |
| <b>Date Assigned:</b> | 04/08/2015   | <b>Date of Injury:</b>       | 04/10/2006 |
| <b>Decision Date:</b> | 05/07/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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 48 year old male, who sustained an industrial injury on 04/10/2006. He has reported subsequent back, bilateral knee, leg, ankle and foot pain and was diagnosed with back, bilateral knee, leg, ankle and foot sprain/strain. Other diagnoses included depression, insomnia, stress and anxiety. Treatment to date has included oral and topical pain medication, physiotherapy, acupuncture and surgery. In a progress note dated 11/25/2014, the injured worker complained of headaches. There were no abnormal physical examination findings documented. A request for authorization of Soma and Sentra was submitted. There was no medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Soma 350 mg #30 (1/28/15): 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)-pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective Soma 350 mg #30 (1/28/15) is not medically necessary and appropriate.

**Sentra AM #60:** 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)-pain chapter, medical food.

**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 Sentra AM #60 is not medically necessary and appropriate.