

<b>Case Number:</b>	CM15-0082884		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Indiana

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 injured worker is a 56 year old male, who sustained an industrial injury on 10/5/12. He reported left shoulder, left upper extremity and left hand pain. The injured worker was diagnosed as having herniated disc of cervical spine, right shoulder tear and left shoulder RTZ. Treatment to date has included left shoulder RTZ repair, physical therapy, manipulative therapy, oral medications, shockwave treatments and injections. Currently, the injured worker complains of cervical spine pain and insomnia. The injured worker noted physical therapy helped to slightly alleviate his symptoms. Physical exam noted decreased range of motion with spasm of cervical spine and bilateral shoulder pain. A request for authorization was submitted for Gabadone, Sentra AM, Sentra PM and Theramine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM daily #30:** 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, Sentra AM; Healthtouch Online: Sentra.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain: Medical Food.

**Decision rationale:** Sentra AM is a medical food. ODG states that a medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG's further states: "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." There is no documentation showing that there should be an exception to this recommendation due to specific, unique circumstances. Therefore, the request is not medically necessary.