

Case Number:	CM15-0088468		
Date Assigned:	05/12/2015	Date of Injury:	07/23/2007
Decision Date:	07/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62-year-old, female who sustained a work related injury on 7/23/07. The diagnoses have included diabetes mellitus, sleep disorder, blurred vision, lumbar fusion surgery, chronic left leg weakness and bilateral lumbar radiculitis. Treatments have included home exercises and medications. In the PR-2 dated 2/18/15, the injured worker complains of low back pain. She rates this pain an 8/10. She has pain that radiates down her left leg. She reports an improvement in her sleep quality. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 that contains choline and acetylcarnitine as in intended to maintain production of acetylcholine in the central and peripheral nervous system. MTUS and ODG are silent specifically regarding Sentra AM. In addition ODG states that a medical food is "Definition: Defined in section 5(b) of the Orphan Drug Act (21 U. s. c. 360ee (b) (3)) as a food which is formulated to be consumed or administered eternally 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. 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. "ODG specifically states, "Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. " Medical records do not indicate that the patient meets these criteria. The medical records do not indicate the specific dietary disease or condition for which there is a distinctive nutritional requirement that the medication would be used for. Additionally, there is a component of this medication that is not recommended per guidelines. As such, the request for Sentra AM #60 with 2 refills is not medically necessary.