

Case Number:	CM14-0112827		
Date Assigned:	08/01/2014	Date of Injury:	07/14/2010
Decision Date:	09/26/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/20/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with a 7/14/10 date of injury. At the time (6/20/14) of request for authorization for Sentra AM #60, Sentra PM #60, and Theramine #90, there is documentation of subjective (acupuncture treatments helping decreased pain by at least 50%) and objective (bilateral trapezius spasms, positive Finkelstein, tenderness at bilateral medial and lateral epicondylar areas, pain bilateral radial wrist, weakness in grip) findings, current diagnoses (bilateral wrist DeQuervain's tenosynovitis, bilateral lateral and medial epicondylitis, bilateral carpal tunnel syndrome, and spasms of muscle), and treatment to date (acupuncture, activity modification, and medications (Including Anaprox and Flexeril)). 5/22/14 medical report identifies a request for Theramine to help absorption of NSAID, Sentra PM to help with sleep and energy, and Sentra AM to help with alertness and energy. Regarding the requested Sentra AM #60, there is no documentation of altered metabolic processes associated with fatigue and cognitive disorders. Regarding the requested Sentra PM #60, there is no documentation of altered metabolic processes of sleep disorders associated with depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

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. TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Sentra AM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes associated with fatigue and cognitive disorders. MTUS-Definitions identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG identifies that the "product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food." Within the medical information available for review, there is documentation of diagnoses of bilateral wrist DeQuervain's tenosynovitis, bilateral lateral and medial epicondylitis, bilateral carpal tunnel syndrome, and spasms of muscle. However, there is no documentation of altered metabolic processes associated with fatigue and cognitive disorders. Therefore, based on guidelines and a review of the evidence, the request for Sentra AM #60 is not medically necessary.

Sentra PM #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. TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and CM14-0112827.

Decision rationale: An online source identifies Sentra PM as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with depression. MTUS-Definitions identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG identifies that the "product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food." Within the medical information available for review, there is documentation of diagnoses of bilateral wrist DeQuervain's tenosynovitis, bilateral lateral and medial epicondylitis, bilateral carpal tunnel syndrome, and spasms of muscle. However, there is no documentation of altered metabolic processes of sleep disorders associated with depression. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM #60 is not medically necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. TWC.

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

Decision rationale: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #90 is not medically necessary.

