

Case Number:	CM14-0130497		
Date Assigned:	08/20/2014	Date of Injury:	10/04/2003
Decision Date:	09/26/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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 Medicine and is licensed to practice in Florida. 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:

The injured worker is a 55-year-old female who reported an injury on 10/04/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 08/08/2014 indicated diagnoses of pain in joint of shoulder, chronic pain, and unspecified major depression recurrent episode. The injured worker reported bilateral foot pain and worsening back pain, right forearm pain, and hand numbness. The injured worker was status post lumbar epidural steroid injection at L5-S1 levels on 04/29/2014. The injured worker continued with acupuncture treatment. On physical examination the injured worker had normal muscle tone without atrophy in the right lower extremity and normal muscle tone without atrophy in the left lower extremity. The injured worker's treatment plan included acupuncture. The injured worker's prior treatment included diagnostic imaging, surgery, acupuncture, and medication management. The injured worker's medication regimen included Sudafed, Theramine, medical food, Sentra PM, ibuprofen, Flector, Tylenol, diclofenac, synovacin glucosamine, and Lidoderm. The provider submitted a request for Sentra PM. A Request for Authorization dated 07/11/2014 was submitted for Sentra PM. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM Medical Food Two Daily For Sleep Quantity 90, Three Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain) Medical Food.

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 Foods.

Decision rationale: The Official Disability Guidelines state medical foods are 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. To be considered, the product must be a food for oral or tube feeding; be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; be used under medical supervision. The documentation submitted did not indicate the injured worker was receiving tube feeding or under dietary management of a specific medical disorder, disease, or condition for which there was a distinctive nutritional requirement. Therefore, the request is not medically necessary.