

<b>Case Number:</b>	CM14-0137076		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation, 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 45-year-old female with a 10/15/10 date of injury. At the time (6/9/14) of the request for authorization for Sentra PM and Theramine, QTY: 90, there is documentation of subjective (cervical spine, wrists, and shoulder discomfort) and objective (tenderness over the distal one-third of the cervical spine with paraspinal muscle spasms noted, positive facet loading in the regions of the C4-5 and C5-6 bilaterally, decreased shoulder range of motion with tenderness over the supraspinatus posteriorly and over the acromioclavicular, tenderness over the dorsum of the wrist at the distal radius and ulnar, and positive Tinel's and Phalen's signs) findings, current diagnoses (cervical spine sprain/strain with myofascitis, status post cervical laminectomy with residual pain, cervical disc disease, cervical facet arthropathy, cervicogenic headaches, left shoulder impingement syndrome with partial-thickness tear of the distal supraspinatus tendon, bilateral carpal tunnel syndrome, right shoulder impingement syndrome with supraspinatus tendinitis, anxiety and depression syndrome secondary to the chronic pain syndrome, and history of bipolar disorder), and treatment to date (medication). Regarding Sentra PM, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM:** 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), 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 Chapter, Medical Food Other Medical Treatment Guideline or Medical Evidence:  
<http://www.ptlcentral.com/medical-foods-products.php>

**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 does not address the issue. 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 medical food. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with myofasciitis, status post cervical laminectomy with residual pain, cervical disc disease, cervical facet arthropathy, cervicogenic headaches, left shoulder impingement syndrome with partial-thickness tear of the distal supraspinatus tendon, bilateral carpal tunnel syndrome, right shoulder impingement syndrome with supraspinatus tendinitis, anxiety and depression syndrome secondary to the chronic pain syndrome, and history of bipolar disorder. In addition, there is documentation of that it is used under medical supervision. However, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for Sentra PM is not medically necessary.

**Theramine, QTY: 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 (ODG), Pain, Theramine

**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 not recommended for the treatment of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Theramine, QTY: 90 is not medically necessary.