

<b>Case Number:</b>	CM14-0142986		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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:

This is a patient with a date of injury of December 9, 2011. A utilization review determination dated August 4, 2014 recommends noncertification of Sentra PM. A progress report dated July 2, 2014 identify subjective complaints of improving abdominal pain, diarrhea, constipation, acid reflux, hypertension, and sleep quality. Physical examination findings are normal. Diagnoses include gastroscopy, irritable bowel syndrome, internal hemorrhoids, hiatal hernia, hypertension, blurred vision, hyperlipidemia, and sleep disorder. The treatment plan recommends urinalysis, G.I., and hypertension profiles ordered from the lab. Additionally, a urine toxicology screen, cardiorespiratory testing, EKG, 2-D echocardiogram with Doppler, and carotid ultrasound were ordered. Medications were also supplied including Sentra PM. The treatment plan recommends a course of sleep hygiene.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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

**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 Sentra PM

**Decision rationale:** Regarding the request for Sentra PM, California MTUS does not address the issue. ODG cites that Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. Per ODG, "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." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Within the documentation available for review, there is no indication of a condition for which the components of Sentra PM are supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.