

Case Number:	CM14-0155196		
Date Assigned:	09/25/2014	Date of Injury:	09/22/2004
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine 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:

The patient is a 59 year old male with a date of injury of 9/22/04. Mechanism of injury was a trip and fall. The patient was most recently seen on 9/26/14 with complaints of pain in various bodily regions, including the neck, shoulders, lower back, and legs. Exam findings revealed the patient to be in moderate distress. Tenderness was noted upon palpation in the lumbar, and range of motion was slightly to moderately restricted. In an exam note dated 8/15/14, mention is made of there being a reported limitation in self-care/hygiene and sleep. Depression is reported in a progress report of 4/8/14. The patient's diagnoses included: Chronic pain; Lumbar radiculopathy. The medications included Xanax, Ambien, simvastatin, hydrocodone, aspirin, Zoloft, chondroitin, fish oil, shark cartilage and multivitamins. Significant Diagnostic Tests: Epworth Sleepiness Scale. Result = 6. Treatment to date: medications, physical therapy, acupuncture, chiropractic, knee braces, injections, TENS, lumbar orthosis. An adverse determination was received on 9/9/14; because although ODG Sentra PM is a choline-based medical food intended for use in the management of sleep disorders associated with depression, there was nothing in the medical records which documented either a nutritional disorder or intestinal permeability condition which would have led to a choline deficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective request of Sentra PM, #60 (DOS 8/12/2014): 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 (chronic) 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- Sentra

Decision rationale: CA MTUS does not address this issue. ODG states that Sentra PM is intended for use in management of sleep disorders associated with depression. The patient complains of depression and insomnia associated with the industrial injuries sustained 10 years ago; however, there is inadequate documentation of a recent Mental Status examination, or evidence of a trial of non-medication based sleep hygiene. Therefore, the request for Sentra PM #60 is not medically necessary.