

Case Number:	CM14-0160505		
Date Assigned:	10/06/2014	Date of Injury:	11/29/2004
Decision Date:	11/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, gastroesophageal reflux disease, diabetes mellitus, and obstructive sleep apnea reportedly associated with an industrial injury of July 21, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; blood sugar lowering medications; transfer of care to and from various providers in various specialties; dietary supplements; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Sentra, a dietary supplement. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated March 13, 2008, the applicant reported multifocal pain complaints, including knee pain, elbow pain, low back pain, and ankle pain. The applicant's work status was not clearly outlined. In a May 30, 2014 progress note, the applicant received prescriptions for Prilosec, Zocor, metformin, insulin, aspirin, and diabetic test strips. On November 23, 2013, the applicant's chronic pain physician gave her prescriptions for several dietary supplements, including Theramine, Sentra, and Gabadone.

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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Principles of Treatment Medications, Alternative Treatments.

Decision rationale: The MTUS does not address the topic of dietary supplements such as Sentra AM. However, as noted in the Third Edition ACOEM Guidelines, Dietary Supplements such as Sentra AM are "not recommended" in the treatment of chronic pain as they have not been shown to have any demonstrable benefits or favorable outcomes in the treatment of the same. In this case, the attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.