

Case Number:	CM14-0162710		
Date Assigned:	10/07/2014	Date of Injury:	06/20/2010
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 54-year-old female with a 6/20/10 date of injury, and status post bilateral L4-5 and L5-S1 laminoforaminotomy and microdiscectomy 5/29/13, and status post left shoulder arthroscopy, subacromial decompression, and acromioclavicular resection. At the time (9/25/14) of request for authorization for Theramine #90 and Sentra AM #90, there is documentation of subjective (continued numbness in the L4 nerve root distribution on the left lower extremity and severe lower back pain, intermittent right shoulder pain rated 6/10) and objective (cervical spine muscles spasms, lumbar spine paralumbar tenderness, positive spasms, diminished sensation in the L4 and L5 left lower extremity, tenderness over the anterior aspect of the shoulder) findings, current diagnoses (status post lumbar spine decompression, failed lumbar surgery, radiculopathy left lower extremity L4 nerve root distribution, cervical strain, degenerative disc disease cervical spine, right shoulder impingement syndrome compensatory from left shoulder, status post left shoulder arthroscopy, subacromial decompression, and ACJ resection, left shoulder tendinitis, and status post bilateral upper extremity surgery), and treatment to date (medications (including ongoing use of Sentra AM and Theramine since at least 4/14)). Regarding the requested Sentra AM #90, there is no documentation of fatigue and cognitive disorders and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sentra AM use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #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 Pain

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 a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #90 is not medically necessary.

Sentra AM #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 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: Title 8, California Code of Regulations, and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Sentra AM 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 associated with fatigue and cognitive disorders. MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 status post lumbar spine decompression, failed lumbar surgery, radiculopathy left lower extremity L4 nerve root distribution, cervical strain, degenerative disc disease cervical spine, right shoulder impingement syndrome compensatory from left shoulder, status post left shoulder arthroscopy, subacromial decompression, and ACJ resection, left shoulder tendinitis, and status post bilateral upper extremity surgery. In addition, there is documentation that the product is for oral feeding and is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and is prescribed under medical supervision. However, there is no documentation of fatigue and cognitive disorders. In addition, given medical records reflecting prescription for Sentra AM since at least 4/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sentra AM use to date. Therefore, based on guidelines and a review of the evidence, the request for Sentra AM #90 is not medically necessary.

