

Case Number:	CM14-0093379		
Date Assigned:	09/12/2014	Date of Injury:	12/11/2009
Decision Date:	10/14/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on 12/11/2009. The most recent progress note, dated 4/9/2014, indicated that there were ongoing complaints of low back pain. Physical examination demonstrated: "She is well groomed. She appears to be in mild discomfort. There is lumbar spine tenderness." No recent diagnostic imaging studies available for review. Previous treatment included medications to include Klonopin, Vicoprofen and Sentra AM/PM. A request had been made for Retro Sentraflox AM-10 #90 (dates of service 03/07/14, 02/04/14, 01/08/14, 04/29/14 and 03/18/14); and Sentrazolpidem PM-5 # 90 (dates of service 02/04/14 01/08/14, 04/29/14 and 03/18/14), which were not certified in the utilization review on 5/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Sentraflox am 10 #90 (Date of service 02/04/14, 01/08/14, 04/29/14, 03/18/14):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Sentra PM & Medical Food (updated 10/06/14).

Decision rationale: Sentraflox AM-10 is a combination of fluoxetine and Sentra AM. Fluoxetine is a selective reuptake inhibitor (SSRI) used for the management of depression, and Sentra AM is a medical food that contains choline and acetylcarnitine as precursors to acetylcholine production. MTUS/ACOEM practice guidelines do not address this request. The Official Disability Guidelines do not support or recommend medical foods in the treatment of chronic pain. As such, this request is not considered medically necessary.

Retro Sentraflox am 10 #90 (Date of Service 03/07/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Sentra PM & Medical Food (updated 10/06/14).

Decision rationale: Sentraflox AM-10 is a combination of fluoxetine and Sentra AM. Fluoxetine is a selective reuptake inhibitor (SSRI) used for the management of depression, and Sentra AM is a medical food that contains choline and acetylcarnitine as precursors to acetylcholine production. MTUS/ACOEM practice guidelines do not address this request. The Official Disability Guidelines do not support or recommend medical foods in the treatment of chronic pain. As such, this request is not considered medically necessary.

Sentraxzolidem PM 5 # 90 (Date of Service 02/04/14 01/08/14, 04/29/14, 03/18/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Sentra PM & Ambien & Medical Food (updated 10/06/14).

Decision rationale: Sentraxzolidem PM-5 is a combination of zolpidem and Sentra PM. MTUS/ACOEM practice guidelines do not address this request. The Official Disability Guidelines list Sentra PM as a medical food intended for the management of sleep disorders associated with depression. Zolpidem (Ambien) is a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend zolpidem for long-term use for chronic pain. Furthermore, the guidelines do not support or recommend medical foods for the treatment of chronic pain. As such, this request is not medically necessary.