

Case Number:	CM14-0099729		
Date Assigned:	07/30/2014	Date of Injury:	06/12/2003
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Management, 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 injured worker is 48 year-old-female who sustained an industrial injury on 06/12/2003. The injured worker states she was injured by doing repetitive work for many years of carrying, pushing, and pulling passengers. She presents with chronic neck pain that radiates to the bilateral shoulders with associated numbness, tingling, and paresthesias in both hands and chronic low back pain that radiates to the bilateral lower extremities with associated tingling and paresthesias in both legs since a work related injury according to the injured worker. She complains of pain in the lower back on a pain scale at 6/10. Currently all the injured worker's pains are rated as 4-5/10 intensity, constant in duration, sharp, stabbing, hot and cold in quality. Aggravating factors were not described by the injured worker. Relieving factors however include rest and pain medications. Her medications are Flexeril, Prilosec, Tramadol, and Naproxen including psychotropic. The benefits and probable side effects of the prescribed medications were discussed. Her diagnoses are cervical disc disease, cervical radiculopathy, bilateral shoulder sprain/strain, left lateral epicondylitis, bilateral wrist ganglion cyst, bilateral carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. A prior request for Sentra AM # 60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM quantity #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG), Pain, Medical food, US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2014, (<http://www.ncbi.nlm.nih.gov/pubmed/>).

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

Decision rationale: Per the ODG, this product is considered a dietary supplement (medical food) and not a medical necessity. Furthermore, the product must be labeled as a dietary management of a specific medical disorder, for which there are distinctive nutritional requirements. The medical records do not show that the injured worker has any medical condition requiring treatment with Sentra AM. Therefore, this request is considered not medically necessary.