

<b>Case Number:</b>	CM14-0187083		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Interventional Spine 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 female with a date of injury of 2/1/05. The listed diagnoses are lumbar radiculopathy, right knee internal derangement, s/p TKA 2012, right rotator cuff tear, right torso and flank musculoskeletal pain, chronic pain, insomnia, and myofascial syndrome. According to progress report 10/17/14, the patient presents with bilateral knee, right shoulder and low back pain. The patient states that her medication regimen is working for her, except for Gabadone; which she states that it did not help her with her sleep. The patient's current pain is 7/10 and with pain medications pain reduces to 5/10. Examination findings include: B/P 118/80, pulse 76, resp 12, ht. 5'3", wt.: 201lbs, temp is 98.6 and BMI is 36.1. A UDS from 8/27/14 was positive for Tramadol, Norco, Hydromorphone, Morphine and Nicotine. The treating physician recommends that the patient discontinue Gabadone and start Sentra PM for her sleep issues. Recommendation was also made for refill of medications and a Urine Drug screen. Utilization review denied the request on 10/17/14. Treatment reports from 5/2/13 through 10/7/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen:** 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), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Urine Drug Testing (UDT)

**Decision rationale:** This patient presents with bilateral knee, right shoulder and low back pain. The current request is for one urine drug screen, "to assess medication compliance and identify possible drug diversion. While the MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Based on the medical file provided for review, urine drug screens have been provided on a monthly basis since 5/2/13. The physician has not documented that patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. Though the ODG and MTUS do support periodic urine toxicology for opiate management, in this case, it appears that the urine drug screens are used excessively. The request is not medically necessary.

**Unknown prescription of Sentra PM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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, Sentra PM Pain Chapter, Medical Foods

**Decision rationale:** This patient presents with bilateral knee, right shoulder and low back pain. The current request is for unknown prescription of Sentra PM. The ODG guidelines states that, "Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." The ODG further states that for choline, "There is no known medical need for choline supplementation." For Glutamic Acid, "This supplement is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." For 5-hydroxytryptophan, "This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression." In this case the treating physician has prescribed a compounded medical food and only one component of Sentra PM is recommended for the treatment of sleep disorder. The other ingredients listed for Sentra PM, Choline and Glutamic acid are not supported and the treating physician has not provided any medical rationale to prescribe a medical food that contains ingredients not supported by the ODG guidelines. The request is not medically necessary.

