

Case Number:	CM14-0215678		
Date Assigned:	01/05/2015	Date of Injury:	01/08/2014
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee was a 66 year old male who sustained an industrial injury on 01/08/14 while he was operating a forklift and the machine didn't have the safety bar and the hammer dropped, breaking the forklift's handle bars, causing the patient to strike his head. The note from 12/3/14 was reviewed. Subjective complaints included insomnia, fatigue and pain. On examination, there was decreased range of motion of lumbar spine, spasms and positive straight leg raising test. Diagnoses included radiculopathy and lumbar HNP. The request was for Sentra PM along with Gabadone, Theramine, Sentra AM, Chiropractic therapy, acupuncture and shock wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 10/06/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress chapter

Decision rationale: According to ODG, Sentra PM is a medical food that is under study for insomnia. Preliminary results are promising, from a single study sponsored by the manufacturer, but independent unbiased studies are necessary for a recommendation. Sentra PM is a medical food from [REDACTED] (aka [REDACTED]), [REDACTED], intended for use in management of sleep disorders, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. In a RCT published in a pay-to-publish journal, and written by employees of the marketer of Sentra PM, the authors concluded that Sentra PM can improve the quality of sleep, the response to trazodone as a sleep medication and parasympathetic autonomic nervous system activity. (Shell, 2012) In Insomnia treatment, it says there is limited evidence to support trazodone for insomnia, but it may be an option in patients with coexisting depression. Given the limited evidence and the lack of information on other treatments that have been undertaken for his insomnia, the request is not medically necessary or appropriate.