

<b>Case Number:</b>	CM14-0218286		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/03/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 49-year-old female who reported an injury on 08/03/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical radiculopathy; lumbar degenerative disc disease; cervical degenerative disc disease; and shoulder joint pain. Past medical treatment consists of cervical core stimulator, physical therapy, the use of a lumbar brace, biofeedback, chiropractic care, acupuncture, psychological intervention, and medication therapy. Medications include probiotics, Sentra AM, Sentra PM, Nucynta, and Lyrica. On 05/05/2014, the injured worker underwent a urine drug screen, which indicated that the injured worker was complying with prescription medications. On 12/14/2014, the injured worker complained of back, neck, and shoulder pain. She stated that every time she did housework, the pain was severe and mainly in the neck and shoulders. Physical examination noted that there was pain at the neck when flexed anteriorly. There was pain noted with extension of the cervical spine. Palpation of the lumbar facets revealed pain on both sides of the L3-S1 region. There was pain noted over the lumbar intervertebral space on palpation. The medical treatment plan was for the injured worker to continue with medication therapy and pool therapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Probiotics #90 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing and Supportive Care. Irritable Bowel Syndrome in Adults. Diagnosis and Management of Irritable Bowel Syndrome in Primary Care. Londone (UK): National Institute for Health and Clinical Excellence (NICE);2008 Feb 27p

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <https://nccih.nih.gov/health/probiotics/introduction.htm> (Probiotics).

**Decision rationale:** The request for probiotics with a quantity of 90 with 2 refills is not medically necessary. The National Center for Complementary and Integrative Health state that probiotics are live microorganisms that are either the same as or similar to microorganisms found naturally in the human body and may be beneficial to health. The U.S. Food and Drug Administration (FDA) has not approved any health claims for probiotics. Although some probiotics formulations have shown promise in research, strong scientific evidence to support specific uses of probiotics for most conditions is lacking. Given the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.

**Sentra AM #60 with 3 bottles: 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)-TWC

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

**Decision rationale:** The decision to the request for Sentra AM with a quantity of 60, 3 bottles, is not medically necessary. The Official Disability Guidelines state that Sentra AM is not recommended. Sentra AM is a medical food from Targeted Medical Pharm, Inc., Los Angeles, CA, intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. There was no rationale submitted in the submitted documentation to indicate the use of the Sentra AM. There were no other significant factors provided to justify the use outside of the current guidelines. Given the evidence based guidelines and the lack of submitted documentation, the request would not be indicated. As such, the request is not medically necessary.

**Sentra PM #60 with 3 bottles: 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)-TWC

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

**Decision rationale:** The decision to the request for Sentra PM with a quantity of 60, 3 bottles, is not medically necessary. The Official Disability Guidelines state that Sentra PM is not recommended. Sentra PM is a medical food from Targeted Medical Pharm, Inc., Los Angeles, CA, intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. There was no rationale submitted in the submitted documentation to indicate the use of the Sentra PM. There were no other significant factors provided to justify the use outside of the current guidelines. Given the evidence based guidelines and the lack of submitted documentation, the request would not be indicated. As such, the request is not medically necessary.

**Computerized CPAP machine and supplies:** 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)-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/> (CPAP).

**Decision rationale:** The request for computerized CPAP machine and supplies is not medically necessary. The National Heart, Lung, and Blood Institute states that CPAP or continuous positive airway pressure is a treatment that uses mild air pressure to keep the airways open. CPAP typically issued by people who have a breathing problem, such as sleep apnea. The submitted documentation did not indicate that the injured worker had a diagnosis of sleep apnea, nor was there any indication of the patient not being able to breathe at night. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the request would not be indicated. As such, the request is not medically necessary.