

<b>Case Number:</b>	CM14-0030753		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Internal Medicine 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 (IW) is a 54-year-old man with a date of injury of February 14, 2008. The mechanism of injury was not documented in the medical record. Current diagnosis is osteoarthritis of the right knee. According to the UR documentation, additional diagnoses include severe chondromalacia of the right knee; status post meniscectomy, chondroplasty and synovectomy right knee; severe chronic pain right knee; mild chondromalacia patella left knee; meniscus tear of the left knee per MRI; disc protrusion at L3-L4; disc bulging with annular tears at L4-L5 and L5-S1; facet arthropathy at multiple levels, starting at L3; low back pain, chronic; mild left radiculopathy; moderate depression and anxiety, situational; and insomnia associated with anxiety, depression and pain. The current request is for retrospective medications dispensed February 4, 2014 for Trepadone #120, Sentra AM #60, and Sentra PM #60. The medical record submitted for review did not contain documentation for date of service February 2014. The oldest progress note in the medical record is dated July 15, 2014. According to this progress note, the IW complains of right knee pain. Physical examination reveals an antalgic limp on the right side when full weight-bearing unassisted. The site has mild swelling. The involved region has mild tenderness. Neurovascular exam is normal. The provider reports that range of motion is acceptable at this point. The treatment plan involved right visco injections. Medications were not discussed or detailed in the reviewed records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Trepadone #120 (DOS 2/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation Official Disability Guidelines: medical foods

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective request for Trepadone #120 date of service February 4, 2014 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the Official Disability Guidelines for details. In this case, the injured worker is a 54-year-old man with a date of injury February 14, 2008. The documentation indicates the injured worker has a diagnosis of osteoarthritis of the knee. The utilization review contains additional diagnoses that include severe chondromalacia right knee; status post meniscectomy, chondroplasty and synovectomy right knee; severe chronic pain right knee; mild chondromalacia patella left knee; meniscal tear left knee by MRI; disc protrusion L3 - L4; facet arthropathy at multiple levels; low back pain chronic; mild left radiculopathy; moderate depression and anxiety; and insomnia. Trepadone is a medical food. Medical foods have not been shown to produce meaningful benefits and are not recommended. Consequently, absent the appropriate guideline recommendations, Trepadone #120 is not medically necessary.

**Retrospective request for Sentra AM #60 (DOS 2/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation Official Disability Guidelines: medical foods

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective request for Sentra AM #60 date of service February 4, 2014 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the Official Disability Guidelines for details. In this case, the injured worker is a 54-year-old man with a date of injury February 14, 2008. The documentation indicates the injured worker has a diagnosis of osteoarthritis of the knee. The utilization review contains additional diagnoses that include severe chondromalacia right knee; status post meniscectomy, chondroplasty and synovectomy right knee; severe chronic pain right knee; mild chondromalacia patella left knee; meniscal tear left knee by MRI; disc protrusion L3 - L4; facet arthropathy at multiple levels; low back pain chronic; mild left radiculopathy; moderate depression and anxiety; and insomnia. Sentra AM is a medical food. Medical foods have not been shown to produce meaningful benefits and are not recommended.

Consequently, absent the appropriate guideline recommendations, Sentra AM #60 date of service February 4, 2014 is not medically necessary.

**Retrospective request for Sentra PM #60 (DOS 2/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Foods. Decision based on Non-MTUS Citation Official Disability Guidelines: medical foods

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective request for Sentra PM #60 date of service February 4, 2014 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the Official Disability Guidelines for details. In this case, the injured worker is a 54-year-old man with a date of injury February 14, 2008. The documentation indicates the injured worker has a diagnosis of osteoarthritis of the knee. The utilization review contains additional diagnoses that include severe chondromalacia right knee; status post meniscectomy, chondroplasty and synovectomy right knee; severe chronic pain right knee; mild chondromalacia patella left knee; meniscal tear left knee by MRI; disc protrusion L3 - L4; facet arthropathy at multiple levels; low back pain chronic; mild left radiculopathy; moderate depression and anxiety; and insomnia. Sentra PM is a medical food. Medical foods have not been shown to produce meaningful benefits and are not recommended. Consequently, absent the appropriate guideline recommendations, Sentra PM date of service February 4, 2014 is not medically necessary.