

Case Number:	CM14-0059501		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2003
Decision Date:	07/01/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60-year-old male patient who sustained an industrial injury on 03/05/2003. An interventional pain visit dated 10/14/2013 reported subjective complaint of neck pain rated a 6 out of 10 in intensity. On 02/21/2013 he was administered a bilateral occipital nerve block. Current medications are: Gabapentin 600mg TID, Theramine, and Sentra. An orthopedic follow up on 11/06/2013 reported the patient being status post a left shoulder arthroscopic decompression and glenohumeral debridement. He has some subjective complaint of baseline pain, which is improving at this time. He will continue with home exercise program. He states taking Vicodin and Voltaren ER on a regular basis, which relieves the effects of industrial injury. By 04/09/2014, he had subjective complaint of at the last visit he received a cervical medial branch block bilaterally at C3, 4 and 5 and had nearly 100% pain relief all day. The plan of care came with strong recommendation to undergo radiofrequency rhizotomy, but the patient presented with sudden acute tingling, numbness and pain that radiated into his right arm. Now recommending he undergo a magnetic resonance imaging study of cervical spine before proceeding with radiofrequency procedure. He is with bilateral neck pain and suboccipital pain. Objective findings showed muscle spasm and tenderness overlying cervical facets C3-4 and C4-5; absent radicular signs. Radiography study done on 06/14/2011 revealed the cervical spine in flexion with retrolisthesis C3-4 without significant change in flexion or extension, and there is cervical spondylosis at C3-4, C4-5 and C5-6. The assessment found the patient with cervical spondylosis and bilateral cervical facet pain emanating from the facet joints. He is with significant sleep difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM, 2 at bedtime, #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain 2014: Sentra PM and Medical Food.

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

Decision rationale: Regarding the request for Sentra PM, California MTUS does not address the issue. The Official Disability Guidelines states that Sentra PM is a proprietary blend of choline bitartrate, glutamate, and 5-Hydroxytryptophan. According to the Official Disability Guidelines, there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Additionally, Glutamic Acid is used for treatment of hypochlorhydria 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. Within the documentation available for review, there is no indication of a condition for which the components of Sentra PM are supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.