

Case Number:	CM15-0012028		
Date Assigned:	02/13/2015	Date of Injury:	04/20/2008
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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

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 62 year old female, who sustained an industrial injury on April 20, 2008. She reported an injury to her back while carrying heavy suitcases. The diagnoses have included status post lumbar fusion at L4-S1 in 2011, revision of fusion at L4 -S1 in January 2013, lumbar radiculopathy and chronic pain. Treatment to date has included diagnostic studies, surgery, chiropractic treatment, exercises and medications. Currently, the injured worker complains of lumbar spine pain rated as a 6 on a 1-10 pain scale. Notes stated that she is taking her medication regularly which is helping her alleviate the pain. She also experienced dizziness and notable anxiety. She had difficulty falling and staying asleep which caused her anxiety. On December 30, 2014, Utilization Review non-certified Sentra AM #60 (three bottles) and Sentra PM #60 (three bottles), noting the Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Sentra AM #60 (three bottles) and Sentra PM #60 (three bottles).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60 (three 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, Pain (Chronic), Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food, pages 758-760

Decision rationale: Sentra is a medical food supplement in alternative medicine. MTUS is silent on its use; however, ODG states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The request for Sentra AM #60 (three bottles) is not medically necessary and appropriate.

Sentra PM #60 (three 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, Pain (Chronic), Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Medical Food, pages 758-760

Decision rationale: Sentra is a medical food supplement in alternative medicine. MTUS is silent on its use; however, ODG states to be considered, the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of condition to warrant the investigational use of this supplement. Senna is not medically necessary and appropriate. The provider has not provided any documentation of medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for Senna or any other alternative supplements. Absent medical necessity, certification cannot be granted. The request for Sentra PM #60 (three bottles) is not medically necessary and appropriate.