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| Case Number: | CM15-0013474 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 03/11/2003 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 11, 2003. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve a request for Sentra, a dietary supplement. The claims administrator referenced a November 4, 2014 progress note in its determination. The claims administrator suggested that the applicant was using a variety of other dietary supplements. The applicant's attorney subsequently appealed. On said November 4, 2014 progress note, the applicant was given a variety of dietary supplements, including Sentra AM, Sentra PM, Theramine, probiotics, etc. Prescriptions for Dexilant, ranitidine, and Gaviscon were also endorsed for reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #60: 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), Pain Chapter: Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments. Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain. Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: 1. No, the request for Sentra, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines do note that dietary supplements such as Sentra are not recommended in the chronic pain context present here as they have not been demonstrated to produce any meaningful benefits or favorable outcomes in the treatment of the same. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.