

Case Number:	CM15-0114167		
Date Assigned:	06/22/2015	Date of Injury:	07/27/2011
Decision Date:	07/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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, 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:

This 71 year old male sustained an industrial injury on 7/27/11 after a fall. The injured worker sustained an industrial injury head trauma with loss of consciousness. The injured worker was diagnosed with multiple fractures to the right side of the ribs, the right shoulder and the right clavicle as well as contusions to the chest wall, face and head. The injured worker subsequently suffered ongoing headaches, dizziness, shortness of breath and pain to the cervical spine, chest, right shoulder, right elbow, right upper extremity, lumbar spine, right lower extremity and right knee. Previous treatment included physical therapy, acupuncture, aquatic therapy, injections and medications. In a PR-2 dated 4/30/15, the injured worker complained of ongoing inguinal pain, shortness of breath and poor sleep quality. The injured worker reported that his chest pain was improving. Physical exam was remarkable for lungs clear to auscultation, heart with regular rate and rhythm and soft abdomen with normal bowel sounds. Current diagnoses included elevated blood pressure, history of right inguinal hernia, chest pain, shortness of breath and sleep disorder. The physician advised the injured worker to avoid non-steroidal anti-inflammatory medications. The treatment plan included a two dimensional echocardiogram, a renal ultrasound, a blood pressure monitor and a prescription for Sentra AM and Sentra PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60 1 bottle: 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 - Sentra PM (TM), Medical foods.

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.

Decision rationale: Regarding the request for Sentra PM, California MTUS does not address the issue. Per ODG, "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 hypochlohydria 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 documentation of a condition for which the components of Sentra PM would be supported. In the absence of such documentation, the currently requested Sentra PM is not medically necessary.

Sentra AM #60 1 bottle: 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 - Sentra PM (TM), Medical foods.

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.

Decision rationale: Regarding the request for Sentra AM, California MTUS does not address the issue. Per ODG, "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 hypochlohydria 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 documentation of a condition for which the components of Sentra AM would be supported. In the absence of such documentation, the currently requested Sentra AM is not medically necessary.