

Case Number:	CM15-0115626		
Date Assigned:	06/23/2015	Date of Injury:	10/01/2009
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Internal 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 injured worker is a 60 year old male with an industrial injury dated 10/01/2009. The injured worker's diagnoses include acid reflux; rule out ulcer/anatomical alteration and hypertension with left ventricular hypertrophy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/14/2015, the injured worker reported unchanged hypertension and acid reflux. Objective findings revealed elevated blood pressure, regular heart rate and rhythm and soft abdomen with normoactive bowel sounds. The treating physician prescribed for 60 Gabadone (██████████) and 60 Sentra AM (██████████) (██████████) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Gabadone (██████████): 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), Gabadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pub Med review of Gabadone.

Decision rationale: Gabadone is a nutritional based medical food that is designed to supply the nutrients needed in order to induce and maintain good sleep. The progress note that the MD wrote never stated that the patient had difficulty with sleep and never mentioned a more conventional approach such as sleep hygiene counseling. Therefore, the UR is justified in its denial of this nutrient med. The request is not medically necessary.

60 Sentra AM (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. 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 Pub med review of Sentra AM.

Decision rationale: Sentra AM is a nutrient medical food used to treat fatigue and deficiency in memory and poor concentration. The MD in his note never mentions that the patient had problems with memory or concentration or fatigue. If he had these problems, a more conventional approach would have been to diagnosis either an accepted organic etiology or psychiatric etiology and to pursue a more conventional approach to treatment. The UR was justified in its refusal of this authorization. The request is not medically necessary.