

Case Number:	CM15-0117955		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2011
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

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 46-year-old female, who sustained an industrial injury on 5/13/2011. She reported falling and waking up on the floor on her right side. Diagnoses have included headaches, recurrent cervical radiculopathy secondary to multilevel disc disease, recurrent lumbar radiculopathy secondary to multilevel disc disease and depression. Treatment to date has included right shoulder surgery, physical therapy, epidural steroid injections, trigger point injections and medication. According to the progress report dated 4/16/2015, the injured worker complained of residual neck and upper extremity pain with numbness and tingling, residual headaches with improvement, residual low back and right leg pain with numbness and weakness, recurrent stomach pain and nausea, insomnia, memory loss, visual changes, ringing in ears and constipation related to opioid analgesics. Exam of the cervical spine revealed decreased range of motion and tenderness. Exam of the right shoulder revealed decreased range of motion and tenderness. The injured worker had difficulty standing on her right leg. She used a cane to walk and had an extremely antalgic gait. Authorization was requested for Sentra AM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM cap #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, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for radiating neck and low back pain. She has stomach pain with recurrent nausea, insomnia, headaches, constipation, visual changes, and tinnitus. When seen, there was an antalgic gait with a cane. There was decreased cervical and right shoulder and hip range of motion with tenderness. There was right knee tenderness. There was normal equilibrium. Multiple medications were prescribed, including Norco, Valium, Flexeril, Zantac, diphenhydramine, and Elavil. Sentra AM is a medical food intended for use in the management of fatigue, memory disorders and vascular dementia. It is a proprietary blend of choline bitartrate, glutamic acid, and carnitine. Guidelines indicate that 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. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. Side effects of high-dose choline include hypotension, acute GI distress, and side effects such as sweating and diarrhea, which may adversely affect this claimant's condition. Therefore, Sentra AM was not medically necessary.