

<b>Case Number:</b>	CM15-0125418		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
 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:

This injured worker is a 58 year old male who reported an industrial injury on 12/14/2007. His diagnoses, and or impressions, were noted to include: cervical musculoligamentous strain; bilateral rotator cuff tears; lumbar disc disease with radiculopathy, status-post lumbar laminectomy; myalgia and myositis; and sleep disorder. The history notes hypertension with significant cardiac disease; palpitations; hypertensive retinopathy; and constipation/diarrhea, rule-out irritable bowel syndrome; under the care of the appropriate physicians and on medications. Recent electrodiagnostic studies and magnetic imaging studies are reported done in 2015. His treatments were noted to include medical management of co-morbidities; diagnostic laboratories and electrocardiogram (1/2015); medication management with toxicology screenings; and rest from work. The progress notes reported complaints, which included continued difficulty sleeping. Objective findings were noted to include temporal mandibular joint pain with headaches and difficulty sleeping. The physician's requests for treatments were noted to include the continuation of Sentra AM/Gabalone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra AM/Gabalone #60 (2 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 (ODG).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sentra AM (Gabadone #60) two bottles is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are hypertension, gastroesophageal reflux disease, constipation diarrhea, and sleep disorder. The date of injury is December 14, 2007. Request authorization is dated May 22, 2015. According to a January 20, 2015 progress note, the injured worker was taking Sentra AM and PM. According to a May 12, 2015 progress note, the treating provider requested Sentra AM and Gabadone three bottles. There is no clinical rationale for the medical foods. Medical foods are not recommended for chronic pain. Consequently, absent clinical documentation with a clinical indication and rationale for medical foods and guidelines non-recommendations, Sentra AM (Gabadone #60) two bottles is not medically necessary.