MAXIMUS Federal Services

Case Number:	CM15-0176007		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	10/28/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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, New York, 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 45-year-old who has filed a claim for chronic thumb and hand pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of April 17, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Sentra, a dietary supplement. The claims administrator referenced a July 24, 2015 RFA and an associated May 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 13, 2015, the applicant reported ongoing complaints of thumb pain with derivative complaints of anxiety and depression. A rather proscriptive 10-pound lifting limitation was imposed. There was no seeming mention of the need for Sentra on this date. On May 26, 2015, the applicant reported ongoing complaints of thumb pain, 5/10, with associated paresthesias. Multiple dietary supplements to include Theramine, Sentra, and GABAdone were endorsed. The applicant was returned to regular work on this date and asked to follow up on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #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 (web updated 7/15/15) Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: No, the request for a Sentra, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements are not recommended in the chronic pain context present here as there is no evidence of their efficacy. Here, however, the attending provider's May 26, 2015 progress note contained little in the way of narrative commentary which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.