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| Case Number: | CM15-0047376 | | |
| Date Assigned: | 04/24/2015 | Date of Injury: | 02/24/2003 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 65-year-old female, who sustained an industrial injury on February 24, 2003. She reported hitting her head with loss of consciousness, and injuries to her ribs, pelvis, and back. The injured worker was diagnosed as having abdominal pain, constipation, dysphagia, acid reflux, hypertension triggered by work injury; sleep disorder secondary to pain and stress, and status post motor vehicle accident. Diagnostics to date has included CT scan, MRI, x-rays, cystogram, vestibular autorotation testing, electronystagmogram, electrodiagnostic studies of the lower extremities, electrocardiogram, ultrasound, blood work, urine drug screening, and a fluoroscopic upper gastrointestinal test. Treatment to date has included psychotherapy, physical therapy, chiropractic therapy, two medical foods, and non-steroidal anti-inflammatory, pain, and two anti-hypertensives medications. On January 12, 2015, the injured worker complains of improving abdominal pain, acid reflux, and diarrhea/constipation. Her dysphagia was unchanged. The physical exam revealed a blood pressure of 142/85, a soft abdomen, normal bowel sounds. The treatment plan includes continuing the antihypertensive medications and medical foods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM, three bottles of 60 pills: 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).

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

Decision rationale: The request in for Sentra PM, a medical food containing choline and acetyl carnitine formulated to increase the production of acetylcholine for the dietary management of fatigue and cognitive disorders. The CA MTUS/ACOEM does not address the use of Sentra PM. The ODG states in regard to medical foods, "There is no known use for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This claimant presents no evidence of long-term parenteral nutrition or liver deficiency, therefore the request is deemed not medically necessary.

Sentra AM, three bottles of 60 pills each: 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).

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

Decision rationale: The request is for Sentra AM, a medical food containing choline and acetylcarnitine formulated to increase the production of acetylcholine for the dietary management of fatigue and cognitive disorders. The CA MTUS does not address the usage of Sentra AM. The ODG states in regarding to medical foods, "There is no known use for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This patient does not demonstrate need for long-term parenteral nutrition or liver deficiency, therefore the request is deemed not medically necessary.