

Case Number:	CM15-0062027		
Date Assigned:	04/21/2015	Date of Injury:	09/29/2011
Decision Date:	05/19/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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: Ohio, North Carolina, Virginia
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 57-year-old male, with a reported date of injury of 09/29/2011. The diagnoses include cervical disc protrusion, lumbar disc protrusion, lumbar radiculitis, myospasm, bilateral sciatica, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, and lumbar herniated nucleus pulposus. Treatments to date have included acupuncture, two lumbar epidural steroid injections, an MRI of the lumbar spine, an MRI of the cervical spine, extracorporeal shockwave therapy, an electromyography and nerve conduction study of the upper extremities and lower extremities, an x-ray of the lumbar spine, chiropractic treatment, oral medications, topical pain medications, and an x-ray of the cervical spine. The progress report dated 02/17/2015 was handwritten and somewhat illegible. The progress report dated 01/ /2015 was also handwritten and somewhat illegible. The report indicates that the injured worker had low back pain and cervical spine pain. The objective findings include decreased range of motion of the cervical and lumbar spine, and bilateral carpal tunnel syndrome. The treating physician requested Sentra PM #60.

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 Chapter.

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

Decision rationale: Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression. It is not recommended by the guidelines. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan, hawthorn berry, cocoa, ginkgo biloba, and acetyl L-carnitine. Choline is a precursor of acetylcholine. 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 cholinergic side effects (such as sweating and diarrhea).
Glutamic Acid: This is a precursor of gamma-aminobutyric acid (GABA). This supplement is used for treatment of gastric hydrochloric acid deficiency. Potential treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine. In this instance, there is no documentation of a choline or gastric hydrochloric acid deficiency. The injured worker is not on long-term parenteral nutrition therapy. Therefore, Sentra PM is not medically necessary.