

Case Number:	CM15-0068112		
Date Assigned:	04/15/2015	Date of Injury:	04/09/2009
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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 54 year old female injured worker suffered an industrial injury on 04/09/2009. The diagnoses included abdominal pain, acid reflux due to NSAIDS, constipations, sleep disorder, and dysphagia. The injured worker had been treated with medications. On 2/16/2015, the treating provider reported unchanged dysphagia, abdominal pain, depression, anxiety, and constipation. The treatment plan included Sentra AM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM, sixty count, three 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) Medical foods, choline.

Decision rationale: The request is for Sentra am, a medical food 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 am. The product contains choline and acetylcarnitine. The ODG states in regard to this product, "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 meet ODG criteria for choline supplementation and the request is therefore deemed not medically necessary.