

Case Number:	CM15-0072716		
Date Assigned:	04/23/2015	Date of Injury:	10/25/2010
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois

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:

This 41 year old man sustained an industrial injury on 10/25/2010. The mechanism of injury is not detailed. Diagnoses include scarolitis, thoracaligia, cervicaobrachial syndrome, post-traumatic anxiety, and post-traumatic insomnia. Treatment has included oral medications. Physician notes on a PR-2 dated 11/6/2014 show complaints of neck and spine pain, stiffness, and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM #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, Medical Food Section, www.ptlcentral.com/medical-foods-products.php and www.ptlcentral.com/medical-foods-products.php#sthash.gMNHA0Qf.dpuf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.Official Disability Guidelines (ODG) Pain (Chronic) Medical food. 2. Nutrient Pharmacology http://nutrientpharmacology.com/sentra_AM.html.

Decision rationale: The injured worker sustained a work related injury on Sentra AM #60. The medical records provided indicate the diagnosis of scarolitis, thoracalgia, cervicobrachial syndrome, post-traumatic anxiety, and post-traumatic insomnia. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Sentra AM #60. Nutrient Pharmacology describes Sentra AM as a Medical Food containing choline and acetylcarnitine as precursors to acetylcholine production. The MTUS is silent on medical food, but the Official Disability Guidelines does not recommend it. Medical food as defined by the FDA is food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The Official Disability Guidelines states that Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes.