

<b>Case Number:</b>	CM15-0094497		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker was a 51-year-old male, who sustained an industrial injury, April 16, 2005. The injured worker previously received the following treatments lumbar spine x-rays, lumbar spine CT scan, Ibuprofen, Omeprazole, Terocin Patch, analgesic cream, Norco, Zofran, random toxicology laboratory studies negative for any unexpected findings and lumbar spine MRI. The injured worker was diagnosed with acute lumbar spine strain, lumbar hardware pain, lumbar radiculopathy, status post lumbar spine fusion surgery of L4-L5 and L5-S1, cervical spine sprain/strain, cervical radiculopathy. According to progress note of March 18, 2015, the injured workers chief complaint was neck pain with radiation of pain to the bilateral upper extremity numbness and tingling. The injured worker rated the pain 6 out of 10. The low back pain had radiation of pain in the bilateral lower extremities. The injured worker rated the pain at 6 out of 10. The injured worker denied any side effects or gastrointestinal problems from current oral and topical medications. Topical creams and patches help decrease pain and use of oral medications and allow the injured worker to walk, stand, and sleep longer, as well as, perform more chores. The physical exam noted decreased range of motion of the cervical spine and lumbar spine. There was tenderness with palpation along the paravertebral muscles bilaterally, left greater than the right. There were palpable spasms along the paravertebral muscles of the lumbar spine bilaterally, left greater than the right. The straight leg raises were positive on the left. The injured worker was able to tiptoe and heel walk with assistance. The treatment plan included prescriptions for new prescriptions for Sentra AM and PM dose and Gabadone for fatigue and sleep disturbance.

## 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) Sentra product website.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sentra AM #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; lumbar radiculopathy: status post lumbar fusion 2009 and 2013. Medical foods are not recommended for chronic pain. Sentra AM is a medical food. Consequently, absent guideline recommendations for medical foods, Sentra AM #60 is not medically necessary.

**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).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Sentra PM #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; lumbar radiculopathy: status post lumbar fusion 2009 and 2013. Medical foods are not recommended for chronic pain. Sentra PM is a medical food. Consequently, absent guideline recommendations for medical foods, Sentra PM #60 is not medically necessary.

**Gabadone #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).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Gabadone #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; cervical radiculopathy; lumbar radiculopathy: status post lumbar fusion 2009 and 2013. Medical foods are not recommended for chronic pain. Gabadone is a medical food. Consequently, absent guideline recommendations for medical foods, Gabadone #60 is not medically necessary.