

Case Number:	CM14-0102559		
Date Assigned:	07/30/2014	Date of Injury:	12/12/2012
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old female who reported an injury on 12/12/2012. The mechanism of injury was a fall. Diagnoses included patella chondromalacia. Past treatments included physical therapy, TENS unit, and medication. Past diagnostics included an MRI of the bilateral knees dated 01/29/2013, the MRI of the left knee indicated a small joint effusion and chondromalacia, and the MRI of the right knee indicated bursitis with subcutaneous edema, unofficial. Weight bearing x-rays of both knees were performed on 01/02/2014 which indicated no arthritic changes. Surgical history was not provided. The documentation provided indicated the injured worker complained of knee pain despite medication and physical therapy. The clinical note dated 05/21/2014 revealed physical exam findings of tenderness to the right knee medial joint line, bilateral negative Lachman's, stable joints without subluxation, and slight effusion with right greater than left. Current medications included Norco 10/325. The clinical note dated 05/21/2014 indicated the treatment plan included recommendations for prescriptions of Tramadol ER 150 mg, Theramine, Sentra AM and PM, Trepadone, Anaprox DS 550 mg, and Ketoprofen cream. The physician was requesting Sentra AM #80 to help with alertness and energy. The request for authorization form was dated 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra AM, #80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Drug Formulary.

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

Decision rationale: Sentra AM is a medical food blend. The Official Disability Guidelines state that medical food is defined as a food which is formulated to be consumed or administered enterally 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 guidelines state that choline is a precursor of acetylcholine, and 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 a lack of clinical documentation to indicate that the injured worker had a specific dietary need or disease that would require a medical food. The guidelines specifically state that choline, found in Sentra AM, is not needed except in cases of choline deficiency. There is a lack of evidence to support the injured worker has a choline deficiency. In addition, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for Sentra AM #80 is not medically necessary.