

Case Number:	CM14-0141137		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2008
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 10/26/2011 due to welding 24 six hundred pound metal beams in half. The injured worker reported it took him 2 weeks to do it and by the time he was done, his arms, thoracic spine and lumbar spine had excessive pain and swelling. Diagnoses were cervical discogenic pain, lumbar discogenic pain, shoulder splint, wrist splint and hand splint. Past treatments were not reported. Physical examination on 05/08/2014 revealed complaints of depression due to loss of work and financial loss. The injured worker had an MRI on 04/30/2014 that revealed, for the cervical spine, a 3 mm disc herniation at the C3-4 and C5-6, lumbar MRI revealed a 2.4 mm disc herniation at the L5-S1. Examination revealed tenderness to the wrist and there was a positive Phalen's test, tenderness to shoulders and restricted range of motion. Medications were not reported. Treatment plan was not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sentra PM #60 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Mental and Stress Chapter, Pain Chapter, Medical Food

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 Foods

Decision rationale: The Official Disability Guidelines for Medical Foods states it is not recommended for chronic pain. 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. FDA defines a medical food 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." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There were no significant factors reported to justify the use outside of the current guidelines to support the use of Sentra PM. Therefore, this request is not medically necessary.