

<b>Case Number:</b>	CM14-0051844		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/21/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Nevada. 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 records presented for review indicate that this 52- year-old male was reportedly injured on January 21, 1997 from lifting boxes. The most recent progress note dated June 16, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity and left knee pain with instability. There is also a recent complaint of right knee pain with popping on the lateral aspect. Current medications include Norco, Tylenol, Prilosec and Flomax. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the lumbar paravertebral muscles and the right-sided sacroiliac joint. The exam documented a positive straight leg raise test at 60 and crepitus of the right knee. There was no documentation of tenderness or a negative McMurray's test.

Examination of the left knee noted slight tenderness over the lateral femoral condyle. Diagnostic imaging studies of the lumbar spine show multilevel degenerative changes with marked loss of disc height at L2-L3 through L4-L5. There was a 1.5mm disc bulge at L2-L3. A magnetic resonance image (MRI) of the right knee noted a small joint effusion and a minimal popliteal cyst. Previous treatment included an Intradiscal Electrothermal Therapy procedure performed on the lumbar spine. There was also the use of a lumbar support and an H wave unit. A request was made for Sentra PM and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sentra PM, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; 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 Food, Updated July 10, 2014.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain, Medical Food. The Expert Reviewer's decision rationale: According to the official disability guidelines, there was no indication for Sentra PM except for the detoxification of urine. Sentra PM contains amino acids and is not indicated for pain or inflammation. Therefore this request for Sentra PM is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter, Opioids, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Drug testing. Page 43. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. There was a lack of information regarding high risk behavior, previous abuse or inappropriate use of medications. The request for a urine toxicology screen is considered not medically necessary.