

Case Number:	CM14-0103699		
Date Assigned:	09/24/2014	Date of Injury:	09/12/2003
Decision Date:	11/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine and is licensed to practice in California. 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:

This case involves an injured worker with date of injury of 9/12/2003. Mechanism of injury is not provided in the medical records. The diagnosis includes a severe lumbar radiculopathy, chronic pain syndrome, prescription narcotic dependence, post laminectomy syndrome, myofascial syndrome, neuropathic pain and chronic pain related insomnia-anxiety-depression and sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro GABA done 2 tabs PO QHS, #60 for insomnia: 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) GABA done

Decision rationale: According to guidelines GABA done is a medical food which comprises of a blend of Choline Bitartate, Glutamic acid, 5-Hydroxytryptophan, and GABA. It is used to induce sleep. This medication is not recommended as first line therapy for insomnia and is not recommended. Therefore, this request is not medically necessary.

Retro Percura 2 tabs PO BID, #120 for neuropathic pain: 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) Percura

Decision rationale: According to guidelines there are no high quality studies of the ingredients in Percura which include a blend of gamma-aminobutyric acid, choline bitartate, L-arginine, L-serine, and other ingredients. It is not recommended; therefore, not medically necessary.

Retro Fluriflex ointment TID to the affected site 3 x a daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): PAGE 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to guidelines if there is one component of the drug that is not recommended then the whole drug is not recommended. Fluriflex composition is unknown and is not recommended. Therefore, this request is not medically necessary.