

Case Number:	CM14-0010466		
Date Assigned:	02/21/2014	Date of Injury:	07/03/1984
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal 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 Physician 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 64 year old female who sustained an injury on 07/03/84. No specific mechanism of injury was noted. The injured worker has been followed for chronic low back pain with radiating pain in the lower extremities. The injured worker is noted to have a diagnosis of diabetes mellitus which has contributed to the development of lower extremity peripheral neuropathy. The injured worker's evaluation on 12/18/13 noted persistent neuropathic pain in the lower extremities. The injured worker was noted to be taking Keflex 500mg 4 times daily for swelling and cellulitis in the lower extremities. The requested Percura, quantity 120 was denied by utilization review on 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCURA #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regard to the request for Percura, quantity 120, this medication is a medical food containing an amino acid mixture to address metabolic processes associated with pain, inflammation, and loss of sensation due to peripheral neuropathy. The injured worker is noted to have had a diagnosis of diabetes mellitus with associated neuropathic pain. It is unclear whether the injured worker has failed other medications indicated for the treatment of neuropathic pain such as anticonvulsants or antidepressants. The use of medical food is indicated in the specific management of nutritional deficits. No clear rationale for the use of this medication was noted in the clinical records provided for review. There is no clear indication of any specific dietary deficit that would support the use of this medication over other standard medications in the treatment of peripheral neuropathic pain. Therefore, this reviewer would not have recommended this medication as medically necessary.