MAXIMUS Federal Services

Case Number:	CM14-0122174		
Date Assigned:	08/06/2014	Date of Injury:	04/02/1991
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational 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:

Patient is a 49 year-old male with date of injury 04/02/1991. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/07/2014, lists subjective complaints as pain in the low back which radiates down into the legs and feet bilaterally. Objective findings: No physical examination was documented. Diagnosis: 1. Lumbar radiculopathy 2. Chronic pain syndrome 3. Right lower extremity reflex sympathetic dystrophy 4. Prescription narcotic dependence 5. Neuropathic pain 6. Chronic pain related insomnia 7. Chronic pain related severe sexual dysfunction 8. Chronic pain related anxiety 9. Chronic pain related depression. The medical records provided for review document that the patient has not been prescribed the following medication before the request for authorization on 07/07/2014.Medications: 1. Pecura #120 2. Flexeril/flurbiprofen 3. Homeopathic cramping formula. No SIG was given for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pecura #120 x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Percura is a medical food product consisting of an amino acids mixture and is used in homeopathic medicine for clinical dietary management of the metabolic processes of pain, inflammation and loss of sensation due to peripheral neuropathy. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) 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. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines.

Flexeril/Flurbiprofen compound ointment x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The compound requested contains Flexeril for topical application. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product.

Homeopathic cramping formula #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: In regard to the homeopathic cramping formula, the previous utilization review physician assumed it was a topically applied substance, and I am going to assume that it is something taken by mouth. The point is there is no description given by the provider explaining its use or what the substance consists of. This makes it impossible to evaluate the substance for its medical necessity.