

<b>Case Number:</b>	CM14-0125445		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 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 injured worker is a 36 year-old male who was reportedly injured on 6/1/2013. The mechanism of injury is not listed. The most recent progress note dated 6/20/2014. Indicates that there are ongoing complaints of low back pain that radiates into the left lower extremity. No physical exam findings have been documented from today's date of service to February 2014. No diagnostic studies have been submitted for review. Previous treatment includes lumbar epidural steroid injection, medication, and conservative treatment. A request was made for Percura, Voltaren Gel, Trepadone, Lyrica and was denied in the pre-authorization process on 7/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percura:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (Chronic). Medical food. Updated 7/10/2014.

**Decision rationale:** Percura is an amino acid mixture indicated for clinical dietary management of the metabolic processes of pain, inflammation, and loss of sensation due to peripheral

neuropathy. After review of Official Disability Guidelines guidelines this medication has been deemed not medically necessary. The request is not medically necessary and appropriate.

**Voltaren Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111,112 o.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The injured worker suffers from chronic pain. The request is not medically necessary and appropriate.

**Lyrica:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Anti epilepsy medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 19, 99.

**Decision rationale:** Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. After reviewing the medical records provided there is no documentation of diabetic neuropathy postherpetic neuralgia, therefore this request is not medically necessary and appropriate.

**Trepadone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (Chronic). Medical food. Updated 7/10/2014.

**Decision rationale:** Trepadon is a medical food intended for use in the management of joint disorders associated with pain and inflammation. After review of Official Disability Guidelines guidelines this medication has been deemed not medically necessary. There is no significant

evidence-based clinical trials the support the efficacy for the use of this medication. The request is not medically necessary and appropriate.