

Case Number:	CM14-0131980		
Date Assigned:	08/22/2014	Date of Injury:	01/18/2001
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 62 year old female. The date of injury is January 18, 2001. The patient sustained an injury to the lumbar spine. The exact mechanism of injury was not elaborated on in the documents available for review. The patient carries a primary diagnosis of lumbosacral neuritis NOS. The patient complains of fairly constant pain in the lumbar spine. The patient is maintained on the multimodal medication regimen including the use of Percura. A request for Percura 120 was denied.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

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, Percura.

Decision rationale: According to the ODG, Percura is not recommended. Percura is a medical food from Physician Therapeutics, that is a proprietary blend of gamma-aminobutyric acid, choline bitartrate, L-arginine, L-serine, and other ingredients. It is intended for dietary

management of metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Until there are high quality studies of the ingredients in Percura, it is not recommended. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary and appropriate.