

Case Number:	CM14-0154700		
Date Assigned:	09/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/18/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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; has a subspecialty in Interventional spine 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 patient is a 66 year old male with a date of injury of 2/11/12. The listed diagnoses are lumbar disk protrusion, lumbar radiculitis, phantom limb pain and RSD. According to Doctor's First Report from 8/19/14, the patient presents with complaints of pain at the site of the left great toe amputation. He also complains of low back pain during seated position. Examination revealed well-healed amputation site. The patient was unable to extend the second digit and there was tenderness to light touch. The patient is temporary totally disable. This a request for Percura. Utilization review denied the request on 8/9/14. Treatment reports from 3/7/14 through 8/19/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percura (medical food) #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 (ODG), Treatment in Worker's Compensation 18th edition, 2013 updates, Pain Chapter

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 has the following regarding Percura

Decision rationale: The patient presents with complaints of pain at the site of the left great toe amputation. He also complains of low back pain during seated position. The current request is for Percura (medical food) #120. ACOEM and MTUS guidelines do not discuss Percura. ODG guidelines under the Pain Chapter has the following regarding Percura, "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." This supplement is not supported by ODG and request is not medically necessary.