

Case Number:	CM14-0170667		
Date Assigned:	10/23/2014	Date of Injury:	05/21/2007
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic thumb pain, chronic low back pain, depression, anxiety, and posttraumatic headaches reportedly associated with an industrial injury of May 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; topical compounds; anxiolytic medications; opioid therapy; and earlier thumb CMC joint arthroplasty surgery. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for Percura, a dietary supplement, while apparently approving tramadol. The applicant's attorney subsequently appealed. In a March 21, 2014 progress note, the applicant was given various medication refills, including a topical compounded ketoprofen containing cream, Valium, Subutex, Fioricet, testosterone, tramadol, Prilosec, Celebrex, Theramine, and GABAdone. The applicant's work status was not furnished, although it did not appear that the applicant was working. On May 23, 2014, the applicant was again given refills of various analgesic medications and dietary supplements, including Subutex, GABAdone, Theramine, Celebrex, Prilosec, Colace, tramadol, testosterone, and Valium. An in-home cervical traction device was also sought.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments

Decision rationale: The MTUS does not address the topic of dietary supplements such as Percura. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Percura are "not recommended" in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.