

Case Number:	CM14-0052181		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2003
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old male who was injured on 11/18/03. He was diagnosed with a crushing injury of the foot, chronic pain syndrome, left foot reflex sympathetic dystrophy (complex regional pain syndrome), neuropathic pain, and insomnia (related to chronic pain). He was treated with Ambien, Restoril, topical compounded lidocaine-based ointment, Remeron, Norco, Vicodin, Fosamax, Clonidine, Fluriflex ointment, and Neurontin. Medications had changed over the years. On 3/4/14 the worker was seen by his primary treating physician complaining of his usual chronic left foot pain rated at 7/10 on the pain scale. He reported that without his medications, the pain level would be 10/10 on the pain scale. The medications he was using at the time to treat his pain included Clonidine, gaba/keto/lidocaine ointment, and Norco. He was recommended a trial of Percura to help treat his nerve pain as well as continue his usual medications.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Physician Therapeutics: Percura (<http://www.ptlcentral.com/medical-foods-products.php>).

Decision rationale: Percura is a medical food product consisting of multiple amino acids including GABA, 5-HTP, L-Tyrosine, L-Lysine, L-Omithine, Acetyl L-Carnitine, Choline, and Creatinine for the treatment of pain due to neuropathy. The MTUS Guidelines do not address medical foods such as this, and no other guidelines discuss this specific combination product, for which there is no evidence available to review effectiveness. In the case of this worker, Percura was recommended, but due to the lack of evidence to support its use, it is not medically necessary.