

Case Number:	CM14-0072167		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2005
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 50-year-old male who has submitted a claim for lumbar radiculopathy, lumbar facet syndrome, post laminectomy syndrome, cervical sprain and strain, chronic pain syndrome, chronic pain-related insomnia, left hip sprain and strain, and neuropathic pain, status post lumbar fusion; associated with an industrial injury date of 10/20/2005. Medical records from 2013 to 2014 were reviewed and showed that patient complained of pain in the bilateral buttocks, spine, low back, tailbone, groin area, and bilateral thighs. The patient also complains of tingling that radiates all the way to his tailbone and down to both thighs. Medications bring down the pain from 10/10 to 6/10. Physical examination showed tenderness over the right lateral epicondyle. Right shoulder range of motion was severely restricted with abduction at 70 degrees and flexion at 80 degrees. All movements caused severe pain. Treatment to date has included medications, physical therapy, and surgery as stated above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since at least October 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10/325MG #120 is not medically necessary.

Vitamin B12 2cc injection: 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), Pain.

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, Vitamin B.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, patient complains of pain in the bilateral buttocks, spine, low back, tailbone, groin area, and bilateral thighs with radicular symptoms. Vitamin B12 injection was given for myofascial pain and nerve health. However, guidelines do not recommend the use of Vitamin B as there is no evidence to support this therapeutic modality. Therefore, the request for VITAMIN B12 2CC INJECTION is not medically necessary.

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 (ODG), Pain (Chronic) 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 chapter, Percura.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Percura is not recommended. Percura is a medical food 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. Regarding GABA, there is no high quality peer-reviewed literature that suggests that GABA is indicated. Regarding choline, there is no known medical need for supplementation. Regarding L-Arginine, this medication is not indicated in current references for pain or inflammation. Regarding L-Serine, there is no indication for the use of this product. In this case, patient complains of pain in the bilateral buttocks, spine, low back, tailbone, groin area, and bilateral thighs with radicular symptoms. However, guidelines do not support the use of Percura as discussed above. Therefore, the request for PERCURA #120 is not medically necessary.