

Case Number:	CM15-0038435		
Date Assigned:	03/09/2015	Date of Injury:	09/27/1991
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 55-year-old female who reported an injury on 09/27/1991. The mechanism of injury was not stated. The current diagnoses include lumbar radiculopathy, status post lumbar fusion on 07/01/2009, chronic pain syndrome, failed back syndrome, myofascial syndrome, status post right knee surgery, neuropathic pain and chronic pain related insomnia. The injured worker presented for a follow-up evaluation on 03/04/2015 with complaints of 8/10 pain. There was no comprehensive physical examination provided. Recommendations at that time included continuation of the current medication regimen of Norco 10/325 mg, Valium 10 mg, Prevacid, Zanaflex, Lunesta, Sentra PM, Percura, Trepadone, clonidine and gabapentin. The injured worker was also issued a refill of a compounded cream. A Request for Authorization form was then submitted on 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percura, 2 by mouth 2 times daily, Qty 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician, and which is intended for specific dietary management of a disease or condition. The medical necessity for the requested medication has not been established in this case. The injured worker has utilized the above medication since 02/2015 without evidence of objective functional improvement. Given the above, the request is not medically necessary.

Senta PM, 2 by mouth, Qty 60: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Senta PM, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend Senta PM. Senta PM is also considered a medical food. It is noted that the injured worker is diagnosed with chronic pain related insomnia. However, there is no evidence of a failure of non-pharmacologic treatment for insomnia. The injured worker has also continuously utilized the above medication. There is no mention of functional improvement despite the ongoing use of this medication. Given the above, the request is not medically necessary.