

Case Number:	CM15-0080531		
Date Assigned:	05/01/2015	Date of Injury:	05/10/2007
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 5/10/2007. He reported falling backwards and landing on his back with his right arm pinned under televisions. Diagnoses have included chronic pain syndrome, chronic pan-related depressive anxiety, lumbar spine sprain/strain, myalgia and myositis unspecified and Reflex Sympathetic Dystrophy of the right upper extremity. Treatment to date has included ganglion nerve blocks, physical therapy and medication. According to the progress report dated 3/31/2015, the injured worker was seen for his lumbar spine and right arm. He complained of pain rated 7/10 with medication and 10/10 without medication. Average pain was rated 7/10. Authorization was requested for Percura and Roxicodone.

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 (ODG) Pain, Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guidelines.

Decision rationale: The CA MTUS does not address Percura, a medical food product containing various essential and nonessential amino acids and other ingredients. Product information states that it is indicated in the "clinical dietary management of the metabolic processes of pain, inflammation and loss of sensation due to peripheral neuropathy." The mechanism of action is unknown. There are no high-quality studies demonstrating the usefulness or efficacy of this product, therefore the request is deemed not medically necessary.

Roxicodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: CA MTUS states that opioids should be continued if the patient has returned to work or has improved function or pain. Opioids are indicated for short-term relief of pain. Roxicodone is indicated for patients needing round the clock analgesia. In this case, the patient has been taking Roxycodone since 2011 with no documentation of functional improvement. Previous reviews have recommended discontinuing Roxycodone as long-term opioid use is not recommended. This request is deemed not medically necessary.