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| Case Number: | CM14-0117722 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/16/2009 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 patient is a 55-year-old male who has submitted a claim for knee pain, right forearm contusion, chronic pain syndrome, and medical insomnia associated with an industrial injury date of October 16, 2009. Medical records from 2013-2014 were reviewed. The patient complained of right wrist, thumb, upper arm and bilateral knee pain, rated 10/10 in severity. There was also low back pain that radiates down the legs. There is some burning pain in the hand and the foot. He states that at nighttime he feels like there are bugs crawling up and down his arms. Recent physical examination findings were not available. MRI of the right wrist, dated January 15, 2014, revealed degenerative changes within the radiolunate joint space, and findings suspicious for carpal tunnel syndrome. Treatment to date has included medications, activity modification, shoulder arthroscopic surgery, knee surgery, carpal tunnel surgery, and knee viscosupplementation. Utilization review, dated July 8, 2014, modified the request for Dilaudid 8mg #60 with 1 refill to Dilaudid 8mg #30 to initiate weaning and because there was no documented evidence of improvement due directly to the medication; and denied the request for Percura #120 with 1 refill because there were no quality studies that prove its effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #60 with 1 refill between 6/24/14 and 9/1/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 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: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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 taking opioids (Norco) since November 2013. She started taking Dilaudid since June 2014. The patient claims that the medication is working well for his low back pain. Urine drug screen dated May 6, 2014 showed positive for Hydrocodone and Hydromorphone. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Dilaudid 8mg #60 with 1 refill between 6/24/14 and 9/1/14 is not medically necessary.

Percura #120 with 1 refill between 6/24/14 and 9/1/14: 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 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, the patient has been taking Percura since June 2014 for dysesthesias and paresthesias. He complains of pain in the right wrist, thumb, upper arm, low back and bilateral knees with feelings that bugs are crawling up and down his arms at night. However, guidelines do not support the use of Percura as discussed above. Therefore, the request for Percura #120 with 1 refill between 6/24/14 and 9/1/14 is not medically necessary.