

Case Number:	CM14-0147409		
Date Assigned:	09/15/2014	Date of Injury:	12/07/2005
Decision Date:	10/15/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on December 7, 2005. The mechanism of injury was noted as causing her to injure her neck and lower back. The most recent progress note, dated August 14, 2014, indicated that there were ongoing complaints of pain in her left shoulder, neck, low back, left hand and bilateral knees. The physical examination demonstrated an individual with a normal pulse (78) who was 5'6" and weighed 221 pounds. The physical exam did not note any objective findings other than that the patient appeared to be in pain. Diagnostic imaging studies were not included for review, but previous progress notes stated that tests have included x-rays, scan, and an MRI of the neck and back. Treatment therapies thus far have included rest, medications, physical therapy, and exercises. A request had been made for a prescription of Percura, #120, and a prescription of Norco 10/325 mg, #180 (modified to #135) and was not certified in the pre-authorization process on August 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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, Pain (Chronic); Medical food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically sited).

Decision rationale: The ACOEM specifically recommends against the use of dietary supplements in the treatment of chronic pain. Percura is a medical food product indicated for clinical dietary management of the metabolic processes of pain, inflammation, and loss of sensation due to peripheral neuropathy. However, these supplements have not been shown to produce any meaningful benefits or improvements in functional outcomes. Based on the documentation provided, there is no evidence based medicine provided to justify the medical necessity of these supplements. As such, the requested nutritional supplement is deemed not medically necessary.

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May2009); Opioids for. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, (Chronic); Opioids, specific list Hydrocodone/Acetaminophen

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 8 C.C.R. Â§Â§9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 88 of 127

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in 2005; however, there is no clear documentation noting that the diagnosis has changed, whether other medications are being employed, or if any attempt has been made to objectively establish the efficacy of this medication and/or any functional improvement. Furthermore, adverse effects have to be addressed. As such, this request for Norco is not considered medically necessary.