

Case Number:	CM14-0147410		
Date Assigned:	09/15/2014	Date of Injury:	06/29/2006
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 58 year old female with date of injury of 6/29/2006. A review of the medical records indicate that the patient is undergoing treatment for cervical, thoracic, and lumbar herniated discs. Subjective complaints include 8-9/10 pain in her neck and upper and lower back. Objective findings include tenderness over the entire spine from cervical down to the lumbar region; decreased range of motion of the spine; 3/5 strength in upper extremities. Treatment has included Tramadol, Diclofenac, and chiropractic sessions. The utilization review dated 8/29/2014 non-certified Percura (medical food).

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL FOOD: 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, 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) Medical Food,

Decision rationale: The MTUS is silent regarding medical food. However, ODG says the following: "Recommended as indicated below. Definition: "a food which is formulated to be

consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision." ODG then lists several different medical foods which are specially recommended because they have been proven to show success in certain condition. Percura is a new medical food for neuropathic pain, with little evidence of efficacy. The MTUS has many other treatments for neuropathic pain which are clearing indicated as first line. Many of those, including anti-depressants have not been documented as previously prescribed. Therefore, the request for Percura medical food is not medically necessary.