

<b>Case Number:</b>	CM14-0177407		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old female who was injured at work on 09/ 10/2012. She is reported to be complaining of worsening low back pain and left leg pain. The pain is 5/10 with medications, but 8/10 without medications. The physical examination revealed normal vital signs. The worker has been diagnosed of Thoracic/Lumbosacral Neuritis/Radiculitis, Intervertebral Lumbar disc disease without myelopathy, unspecified Neuralgia Neuritis and Radiculitis. Treatments have included Lumbar Epidural steroid injection, Tramadol,Norco, Gabapentin, Percocet, topical analgesics, and medical food. At dispute is the requests for Pecura 2 caps/day #120 .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pecura 2 caps/day #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) TWC Procedure Summary; regarding Pecura

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

**Decision rationale:** The injured worker sustained a work related injury on 09/ 10/2012. The medical records provided indicate the diagnosis of Thoracic/Lumbosacral Neuritis/Radiculitis, Intervertebral Lumbar disc disease without myelopathy, unspecified Neuralgia Neuritis and Radiculitis. Treatments have included Lumbar Epidural steroid injection, Tramadol,Norco, Gabapentin, Percocet, topical analgesics, and medical food. The medical records provided for review do not indicate a medical necessity for Pecura 2 caps/day #120. The MTUS is silent on medical food; but the official Disability Guidelines recommends against it because they have not been shown to produce meaningful benefits or improvements in functional outcomes. Also, the FDA defines medical food as "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." Therefore, since the records do no indicate the injured worker suffers from a specific medical problem requiring specific dietary intervention, the requested treatment is not medically necessary and appropriate.