

<b>Case Number:</b>	CM15-0000395		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 54 year old female, who sustained an industrial injury on 7/19/13. She has reported pain in the neck, left shoulder and low back. The diagnoses include neck pain, lumbar sprain and mechanical low back pain. Evaluation to date has included MRI studies and electrodiagnostic studies. Treatment has included oral medications and chiropractic care. A PR-2 submitted for review dated 10/1/2014 reveals the IW was in 0/10 pain at the time of examination and had averaged 0/10 pain over the preceding week. The IW was participating classes focused on nutrition and exercise. At the follow-up visit, dated 11/5/2014, the IW was in no pain at the time of examination, but reported pain varying between 3-6/10. She continued to take exercise class. The case file includes 3 previous urine drug screens dated 6/24/14, 7/22/14, and 8/18/14 which indicated the presence of nicotine only. The treating physician wanted to refill Sentra for energy and malaise, refill Percura, and requested vocational rehabilitation. The beneficiary's work status remained temporarily total disability. On 12/10/14 UR non-certified a request for Percura #120, Sentra AM #60, urine drug screen and vocational rehabilitation for neck and low back. A request for ibuprofen 800mg was modified. The UR physician cited the MTUS guidelines for chronic pain in support of the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

**Decision rationale:** CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." There is no indication in the chart that the prescribed practitioner had concerns regarding the IW's compliance with the opiate prescription or and illegal drugs. The IW had a urine drug test completed 3 months earlier which yielded anticipated results. There was no documentation to support request for increasing number or strength of opiate medications or for early refills. The request for a urine drug screen is not medically necessary.

**Percura #120 (2x a day):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Percura

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<[http://ptloffice.com/downloads/marketing/Percura\\_Package\\_Insert\\_AUG\\_2013.pdf](http://ptloffice.com/downloads/marketing/Percura_Package_Insert_AUG_2013.pdf)>

**Decision rationale:** CA MTUS and ODG are silent on this topic. Percura is a "specially formulated Medical Food product, consisting of a proprietary blend of amino acids in specific proportions, for the dietary management of the metabolic processes associated with pain, inflammation and loss of sensation due toeripheral neuropathy." Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. As such, the request for Percura is not medically necessary. There is no documentation in the chart with respect to the specific beneficial responses the IW had to the substance.

**Sentra AM #60:** 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 Chapter Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <[http://nutrientpharmacology.com/sentra\\_AM.html](http://nutrientpharmacology.com/sentra_AM.html)>

**Decision rationale:** CA MTUS and ODG are silent on this topic. Sentra is a Medical Food Sentra which contains choline and acetylcarnitine as precursors to acetylcholine production as well as multiple other components. The use of this medication is not supported by evidence based guidelines. Additionally, the body does not require supplementation of choline for any

know medical condition. As this medication is not supported by evidence based medicine, it is determined to be medically not necessary.

**Ibuprofen 800mg, 1-3x per day as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 65-66.

**Decision rationale:** According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are recommended as an option for short term symptomatic relief for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for ibuprofen (Motrin) state "sufficient clinical improvement should be observed to offset potential risk of treatment with the increase dose." The IW has had good pain control with this medication per the most recent PR-2 requests. In order for a request to be complete, it must include the number of tablets to be dispensed. This request does not and therefore is not medically necessary.

**Vocational rehabilitation for the neck low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, 112. Decision based on Non-MTUS Citation ACOEM Guidelines page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<<http://www.guideline.gov/content.aspx?id=39407&search=vocational+rehab#Section420>>

**Decision rationale:** Vocational rehabilitation involves "evaluation of patients to determine the highest functional level, motivation and achievement of maximum medical improvement." The PR-2 documents that IW has been increasingly pain free and that participating in exercise classes has furthered her improvement. The goal for this IW to participate in vocational therapy is unclear. Any limitations of ADLS are not stated. The IW is forward thinking and goal oriented, however, she remains TTD. Without clear expectations and goals outlined in the request, vocational rehabilitation on not supported and not medically necessary.