

Case Number:	CM15-0001974		
Date Assigned:	01/13/2015	Date of Injury:	02/08/2005
Decision Date:	03/09/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 43 year old male with a date of injury as 02/08/2005. The current diagnoses include lumbar radiculopathy, chronic pain syndrome, neuropathic pain, prescription narcotic dependence, chronic pain-related insomnia, neck pain, chronic pain related depressive anxiety, and total body pain. Previous treatments include oral and topical medications. Report dated 11/12/2014 noted that the injured worker presented with complaints that included severe distress, loopy and out of it. The injured worker was noted to be falling asleep in the chair of the waiting room and exam room. The injured worker reported that he took all of his medications as he was instructed to do by the doctors. The injured worker stated that he was having severe 10 out of 10 low back pain and leg pain. While in the office the injured worker was placed on a NeuroMed Matrix machine to both the neck and low back area which reduced his pain level to 4 out of 10. Treatment plan included awaiting response for authorization of a detoxification program, Percura for dysesthesias and paresthesias, and continue use of Terocin patches. The utilization review performed on 12/23/2014 non-certified a prescription for Percura based on guidelines do not consistently support the use of medical foods in the management of the cited injury/condition. The reviewer referenced the Official Disability Guidelines and Medscape.com in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Percura #120 with a dos of 11/12/2014: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Percura

Decision rationale: Percura is a medical food containing the amino acids L-Arginine, L-Histidine, L-Glutamate, L-Serine, L-Lysine, L-Ornithine, Acetyl L Carnitine, L-Tyrosine, and gamma amino butyric acid. It is intended for the treatment of the metabolic processes of pain, inflammation, and loss of sensation due to peripheral neuropathy. The mechanism of action of Percura is not clearly understood. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Because Percura is a medical food, its use is not supported by the cited guidelines. Therefore, Percura #120 with a dos of 11/12/2014 was not medically necessary.