

Case Number:	CM13-0014335		
Date Assigned:	10/02/2013	Date of Injury:	04/26/2010
Decision Date:	01/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; attorney representation; epidural steroid injections; unspecified amounts of time off work, and MRI of the lumbar spine on June 12, 2010, notable for a broad-based left paracentral disc protrusion at L4-L5. In a utilization review report of August 12, 2013, the claims administrator denied a request for various topical compounds, Naprosyn, Zanaflex, Prilosec, and Norco. The applicant's attorney later appealed, on August 19, 2013. The most recent clinical progress note of the attending provider is undated, handwritten, and is a prescription for endorsing refills of various medications. No clinical progress notes are attached. No clear date is provided. It is noted per the prior note of October 31, 2011, with the applicant's prior treating provider that the applicant was returned to regular duty work as of that day and was asked to continue manipulative therapy and physical therapy as of that point in time. The applicant underwent epidural steroid injections on August 27, 2010, and December 6, 2010, it is further noted. Finally, on a medical-legal report of December 5, 2011, it is stated that the applicant has returned to regular duty work as a police officer for the [REDACTED]. The applicant has called in sick 15 to 20 days since the onset of the injury, it is noted, and attributes the symptoms to wearing a "duty belt" while working. It is further noted that the applicant, in a questionnaire dated December 5, 2011, stated that his pain was minimally impacting his performance of activities of daily living and that he was able to perform many activities of daily living despite pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two (2) prescriptions of Ketogel-Lidocaine 20%/10% between 8/27/2010 and 12/6/2010: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that ketoprofen, one of the ingredients in the compound, is specifically not recommended for topical compound use purposes, resulting in the entire compound carrying an unfavorable recommendation. No clinical progress notes were attached to the pharmacy bills and/or application for IMR. All the information that were provided was bills and pharmacy fill reports between the dates of August 27, 2010, and December 6, 2010. The request for retrospective request for two (2) prescriptions of Ketogel-Lidocaine 20%/10% between 8/27/2010 and 12/6/2010 is not medically necessary and appropriate.

Retrospective request for two (2) prescriptions of Medrox ointment between 8/27/2010 and 12/6/2010: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Guidelines indicate that Medrox ointment is largely experimental. The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds. It is further noted that the applicant was apparently using first-line oral pharmaceuticals such as Naprosyn and tizanidine without any reported difficulty, impediment, and/or impairment. The request for retrospective request for two (2) prescriptions of Medrox ointment between 8/27/2010 and 12/6/2010 is not medically necessary and appropriate.

Retrospective request for two (2) prescriptions of Naproxen Sodium 550mg #60 between 8/27/2010 and 12/6/2010: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The Chronic Pain Guidelines indicate that anti-inflammatory medications such as Naprosyn (Naproxen) represent the traditional first-line treatment for chronic low back pain issues. In this case, the applicant did demonstrate functional improvement through ongoing usage of Naprosyn. He did return to regular duty work as a police officer. The request for retrospective request for two (2) prescriptions of Naproxen Sodium 550mg #60 between 8/27/2010 and 12/6/2010 is medically necessary and appropriate.

Retrospective request for two (2) prescriptions of Tizanidine HCL 4 mg #60 between 8/27/2010 and 12/6/2010: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: The Chronic Pain Guidelines indicate that tizanidine or Zanaflex is FDA approved for the treatment of spasticity and is tepidly endorsed for off-label usage for low back pain. In this case, the applicant demonstrated functional improvement through usage of tizanidine, as evidenced by his successful return to regular work, justifying prescription for the same during the dates in question. The request for retrospective request for two (2) prescriptions of Tizanidine HCL 4 mg #60 between 8/27/2010 and 12/6/2010 is medically necessary and appropriate.

Retrospective request for two (2) prescriptions of Prilosec 20 mg #60 between 8/27/2010 and 12/6/2010: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors such as omeprazole and Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no clear evidence or mention of dyspepsia, reflux, and/or heartburn, either NSAID induced or standalone. The request for retrospective request for two (2) prescriptions of Prilosec 20 mg #60 between 8/27/2010 and 12/6/2010 is not medically necessary and appropriate.

Retrospective request for two (2) prescriptions of Hydrocodone/APAP 7.5/325 mg #60 between 8/27/2010 and 12/6/2010: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. In this case, the applicant seemingly meets all three criteria. He did successfully return to work. He did report improved functioning and ultimate reduction in pain scores. The request for retrospective request for two (2) prescriptions of Hydrocodone/APAP 7.5/325 mg #60 between 8/27/2010 and 12/6/2010 is medically necessary and appropriate.