MAXIMUS Federal Services

Case Number:	CM13-0026467		
Date Assigned:	11/22/2013	Date of Injury:	12/10/2008
Decision Date:	02/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; transfer of care to and from various providers in various specialties; intermittent urine drug testing; unspecified numbers of steroid injections; orthotics; and extensive periods of time off of work. In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney later appealed. A later handwritten progress report of September 16, 2016 is difficult to follow, not entirely legible, notable for comments that the applicant should receive refills of Norco and unspecified topical creams and do home exercises. The applicant apparently has permanent work restrictions and is now working. An earlier June 24, 2013 note is also again difficult to follow, handwritten, not entirely legible. The applicant is given numerous oral agents and topical compounds while pursuing LINT therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify usage of the amitriptyline containing topical compound, which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Based on the information on the Utilization Review Progress note, it appears that amitriptyline is being proposed for topical formulation here. This is not indicated, for all of the stated reasons.

Dextromethorphan: Upheld

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

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

Decision rationale: Again, based on the information on the Utilization Review Report and on the hand written progress notes, this appears to represent dextromethorphan for topical formulation purposes. Again, the MTUS-adopted ACOEM guidelines in chapter 3 deem oral pharmaceuticals as the most appropriate first-line palliative method. There is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds which are, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request remains non-certified, on Independent Medical Review.

Tramadol: 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 Page(s): 80.

Decision rationale: In either case, the applicant fails to clearly meet criteria set forth on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence of successful return to work, improved function, and/or reduced pain effected as a result of tramadol usage, whether oral or topical. Therefore, the request remains non-certified.

Ultraderm: Upheld

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

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

Decision rationale: Again, based on information suggested (although not clearly stated) on the Utilization Review Report and clinical progress notes, this appears to represent part of a topical compounded formulation. Again, the MTUS-adopted ACOEM guidelines in chapter 3 deem oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant is described as using oral Norco, effectively obviating the need for topical analgesics such as Ultraderm which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request remains non-certified, on Independent Medical Review.

Diclofenac: 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 Page(s): 112.

Decision rationale: As with the other agents, the information on the Utilization Review Report and clinical progress note suggests that this request represents a topical compound request. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that topical diclofenac or Voltaren is recommended only in the treatment of small joint arthritis which lends itself toward topical treatment. It is not recommended in the treatment of nonspecific low back pain, as is present here. Therefore, the request is not certified.

Flubiprofen: Upheld

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

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

Decision rationale: Again, as with the numerous other requests, this request seemingly represents a request for flurbiprofen as a topical formulation, per information suggested on the Utilization Review Report and on the clinical progress notes. As with many of the other topical compounds, the applicant's usage of first-line oral Norco effectively obviates the need for this topical agent, which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request remains noncertified, on Independent Medical Review.