

Case Number:	CM13-0032816		
Date Assigned:	12/06/2013	Date of Injury:	08/01/2007
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/08/2013

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 rib pain, chronic low back pain, chronic knee pain, and posttraumatic headaches reportedly associated with an industrial motor vehicle accident of August 1, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; attorney representation; and nutritional supplements. In a utilization review report of September 10, 2013, the claims administrator denied the request for Naprosyn and the request for a topical compounded ointment. The applicant's attorney later appealed. An earlier progress note of July 16, 2013, is notable for the comments that the claimant reports persistent low back pain and headaches. Her pain score is 6/10 with medications and 7/10 to 8/10 without medications. She is having persistent daily headaches. She is asked to employ Imitrex for migraine headaches while continuing Cidaflex, Voltaren gel, and Medrox patches. A replacement TENS unit is also sought. An earlier note of April 9, 2013, is notable for the comments that the applicant is getting good pain relief with Naprosyn, but that it is causing too much GI distress. Naprosyn was therefore discontinued on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox #90 between 8/6/2013 and 10/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the options for treatment of dyspepsia secondary to NSAID therapy is discontinuation of the offending NSAID. In this case, the attending provider has already seemingly endorsed discontinuation of Naprosyn owing to side effects of dyspepsia. Continuing the same is not indicated. Therefore, the request is not certified.

TGHot ointment: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals as suggested by the usage of the] topical compound. While the applicant did develop dyspepsia with an NSAID, Naprosyn, the applicant was later issued a prescription for Imitrex, a medication for migraine headaches, effectively obviating the need for the largely experimental topical compound. Therefore, the request remains non-certified, on independent medical review.