

Case Number:	CM13-0039588		
Date Assigned:	12/20/2013	Date of Injury:	11/24/2009
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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, knee, and leg pain reportedly associated with an industrial injury of November 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; electrodiagnostic testing of May 1, 2013, notable for chronic left L5 radiculopathy; and a 7% whole person impairment rating. In a utilization review report of September 25, 2013, the claims administrator denied a request for Naprosyn, tramadol, and a topical compound. The applicant's attorney subsequently appealed. An earlier handwritten note of May 29, 2013 is not entirely legible, difficult to follow, and notable for comments that the applicant reports persistent low back, knee, and leg pain, 8-9/10. The applicant is having difficulty performing activities of daily living, including difficulty squatting, kneeling, lifting, carrying, pushing, pulling, and sleeping. Medications are refilled while the applicant is placed off of work, on total temporary disability, for an additional 45 days. 12 sessions of acupuncture are ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including chronic low back pain, in this case, however, the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant remains on total temporary disability, arguing against any functional improvement achieved as a result of prior usage of Naprosyn. Therefore, the request for Naprosyn is not certified.

Tramadol ER: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, the applicant has failed to return to work. The applicant reports heightened pain as opposed to reduced pain, despite ongoing tramadol usage. Therefore, the request for renewal of tramadol is not certified.

Compounded Topical Nedication: 240 gr Cap 0.025/Flur20/Tral10/Men2/Cam2 prescribed 5.29.13 and dispensed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as a last-line option, for those applicants who have not responded to and/or are intolerant to other treatments. In this case, there is no clear evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. The unfavorable recommendation on the capsaicin ingredient results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that, as with the other oral and topical medications, that the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of this topical compound. For all these reasons, then, the request is not certified, on independent medical review.

