

Case Number:	CM13-0040057		
Date Assigned:	12/20/2013	Date of Injury:	03/15/2010
Decision Date:	05/05/2014	UR Denial Date:	09/16/2013
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], [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of March 15, 2010. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical patches; adjuvant medications; a lumbar support; TENS units; unspecified amounts of acupuncture; and unspecified amounts of physical therapy and aquatic therapy. In a Utilization Review Report of September 16, 2013, the claims administrator denied request for Prilosec, Terocin, Medrox, Remeron, extended release tramadol, Neurontin, and Naprosyn. The applicant's attorney subsequently appealed. In an earlier progress report of September 6, 2012, the applicant's primary treating provider (PTP) acknowledged that the applicant is now off of work and is presently collecting Social Security Disability Insurance (SSDI). A November 18, 2014 progress note is notable for comments that the applicant reports persistent low back and left leg pain. The applicant is not currently working. Her California State Disability Insurance (SDI) benefits have been depleted. The applicant has also exhausted Workers' Compensation (WC) benefits. The applicant has no income left and is now planning to file for Social Security Disability Insurance (SSDI). Psychiatry referral, acupuncture, and various pain and psychotropic medications are endorsed. The applicant is using Remeron for sleep, Protonix for history of gastritis, Flexeril for muscle spasms, and tramadol. It is stated that the applicant's pain scores dropped from 6-7/10 without medications to 4/10 with medications. Each of the aforementioned medications is apparently renewed. The applicant reportedly has heightened neuropathic leg complaints, it is somewhat incongruously noted. On October 17, 2013, the applicant is described as having issues with depression, anxiety, and insomnia. It is stated that Protonix is being employed to "buffer the stomach," on this occasion. On August 29, 2013, it was stated that the applicant was looking for

a job at that point in time. She has gained 40 pounds, it is stated, has issues with stress, anxiety, and depression. Medrox, extended release tramadol, Neurontin, Naprosyn, Remeron, and Prilosec were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics,.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agents such as Terocin are "largely experimental," to be employed for neuropathic pain only in cases in which first-line antidepressants and/or anticonvulsants have been trialed and/or failed. In this case, however, there is no indication that the employee has trialed and/or failed first-line antidepressants and/or anticonvulsants before topical agents such as Terocin were sought. Therefore, the request is not certified, on Independent Medical Review.

MEDROX PATCH #20 (RETROSPECTIVE, DOS: 08/29/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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

Decision rationale: As with the other topical agents, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems Medrox and related agents "largely experimental." It is further noted that the employee has used this agent chronically, for what appears to be several years, and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The employee is off of work, on total temporary disability. The employee's pain complaints are heightened from visit to visit, as are the depressive symptoms. The employee's functional level is diminishing over time. The employee is gaining weight. The employee is filing for Social Security Disability Insurance (SSDI). All of the above, taken together, imply that ongoing usage of Medrox has been unsuccessful. Therefore, the request is retrospectively not certified.

MEDROX PATCH #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

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

Decision rationale: As with the retrospective request for Medrox, the employee has failed to achieve any lasting benefit or functional improvement through ongoing usage of Medrox, a topical agent which has been deemed "largely experimental," according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The employee's continued reliance on various medications, acupuncture, TENS unit, etc., and failure to return to any form of work, several years removed from the date of injury, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Medrox. Therefore, the request is likewise not certified, on Independent Medical Review.

TRAMADOL ER 150MG #30 (RETROSPECTIVE, DOS: 08/29/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, When to Continue Opioids. Page(s): 80.

Decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the employee has failed to meet any of the aforementioned criteria. The employee is off of work, on total temporary disability. The employee now reports heightened radicular complaints as opposed to reduced radicular complaints. There is no evidence that the employee's ability to perform activities of daily living has been ameliorated in any way as a result of ongoing tramadol usage. The employee has gained weight and is filing for disability through various channels, all of which imply that prior and ongoing usage of tramadol has in fact been unsuccessful. Therefore, the request is not certified.

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, When to Continue Opioids Page(s): 80.

Decision rationale: As with the retrospective request for tramadol, the employee has failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Tramadol is a synthetic opioid. The employee's failure to return to any form of work, heightened pain complaints, and heightened difficulty performing various non-work activities of daily living, taken together, suggest that tramadol should not be continued. Therefore, the request is likewise not certified, on Independent Medical Review.

