

Case Number:	CM13-0043909		
Date Assigned:	03/28/2014	Date of Injury:	09/14/2011
Decision Date:	05/08/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Florida. 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 expert 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:

This patient is a 34 year-old with a date of injury of 09/14/11. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of chronic low back pain radiating into the right leg. Objective findings included tenderness to palpation of the lumbar paraspinals. Motor and sensory function were normal. Diagnoses included lumbar discogenic pain. Treatment has included over-the-counter tylenol and ibuprofen. The ibuprofen "upsets her stomach." A request was made for "physical therapy 1-2x4-6, lumbar; psych consult; naproxen 550mg #60; omeprazole 20mg #60; and terocin lotion 120 ml #2".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1-2X4-6, LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, on Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the

treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar strain, 10 visits over 8 weeks are recommended. For lumbar disc disease and spinal stenosis, 10 visits over 8 weeks. A range of physical therapy encounters have been requested (4-12 sessions). This may exceed the recommended number of visits. Sessions beyond the recommended number can only be certified if there is documented functional improvement with the prior sessions. Therefore, the record does not document the medical necessity for up to 12 physical therapy sessions.

PSYCH CONSULT: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The MTUS Chronic Pain Guidelines states that psychological evaluations are recommended. They are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The previous non-certification was based upon lack of documentation of previous depression or anxiety. As noted in the Guidelines, this does not preclude a psychological evaluation. Therefore, the record does document the medical necessity for a psychological evaluation

NAPROXEN 550MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, section on NSAIDs.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory agent (NSAID). The MTUS Chronic Pain Guidelines indicate that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The MTUS Chronic Pain Guidelines state that acetaminophen and NSAIDs are both recommended as first-line therapy for chronic low back pain. In this case, there is documentation of ongoing low back pain that is in-part controlled by naproxen. The request is medically necessary and appropriate.

OMEPRAZOLE 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The recommendations for NSAID-induced dyspepsia include changing to another NSAID, or treatment with an H₂-receptor antagonist or a proton pump inhibitor. The previous non-certification was based upon lack of documentation of a gastric condition that would warrant treatment. However, there is documentation of gastrointestinal side effects from NSAID therapy. Therefore, the medical record does document the medical necessity for omeprazole. The request is medically necessary and appropriate.

TEROCIN LOTION 120 ML #2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Topical Analgesics; Salicylates Topical.

Decision rationale: Terocin is a compounded agent consisting of menthol, capsaicin (an irritant found in chili peppers), lidocaine (a topical anesthetic) and methylsalicylate (an anti-inflammatory). The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) states that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. In this case, there is no demonstrated medical necessity for capsaicin in the compound. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. In this case, there is recommendation and therefore demonstrated medical necessity for lidocaine as a cream in the compound. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week

period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation of the failure of conventional therapy and recommendation for all the ingredients of the compound. Therefore, the request is not medically necessary and appropriate.