

Case Number:	CM13-0044226		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2009
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/28/2013

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 neck, shoulder, and low back pain reportedly associated with a slip and fall industrial injury of February 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 17, 2013, the claims administrator approved a followup visit with an orthopedic surgeon while denying prescriptions for Norco, Prilosec, Proteolin, capsaicin, and topical compounded gabapentin-ketoprofen. The applicant's attorney subsequently appealed. A later progress note of December 9, 2013 is very difficult to follow, handwritten, not entirely legible. The applicant has reportedly worsened in terms of low back pain. The applicant's exam is unchanged. No new medications are endorsed. The applicant is described as already permanent and stationary and is apparently not working. In a December 18, 2013 letter, the attending provider writes that the applicant has not been taking medications owing to GI distress and issues with the liver. The only medications that the attending provider is seeking are capsaicin cream and Naprosyn for chronic inflammation purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: 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 Chronic Pain Medical Treatment Guidelines Page(s): 79.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the development of adverse effects should lead an attending provider to consider discontinuation of opioids. In this case, the attending provider has himself acknowledged that the applicant has developed issues with hepatotoxicity and is not a good candidate for continued opioid therapy. The applicant is also having issues with GI distress, reportedly a function of opioid usage. The attending provider has himself acknowledged that he has discontinued Norco. For all of these reasons, then, the request for Norco is not certified.

Prilosec: 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 Chronic Pain Medical Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of dyspepsia. In this case, however, the doctor's notes are sparse, handwritten, and not entirely legible. While there are some reports of unspecified GI distress noted on an appeal letter of December 18, 2013, there is no clear evidence of ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID induced or standalone, for which usage of Prilosec would be indicated. Therefore, the request remains non-certified, on independent medical review.

Proteolin: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: Proteolin is a medical food. The MTUS does not address the topic of medical foods. As noted in the ODG Chronic Pain Chapter, Medical Foods Topic, medical foods are recommended as medically necessary only if there is evidence that an applicant has a specific diagnosis or disease process for which there is a specific nutritive requirement. In this case, however, the applicant's chronic pain syndrome does not have any specific nutritive requirements. Therefore, the request remains non-certified, on independent medical review.

Capsacin: 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 Chronic Pain Medical Treatment Guidelines Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as an option in those applicants who have not responded to and/or are intolerant to other treatments. In this case, the information on file does suggest that the applicant is intolerant to other treatments. The applicant apparently has issues with hepatic dysfunction which are limiting provision of first-line oral pharmaceuticals. Usage of topical capsaicin is therefore indicated, as suggested on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the original utilization review decision is overturned. The request is certified.

Gabaketo: 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 Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor gabapentin are recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on independent medical review.