

Case Number:	CM13-0045348		
Date Assigned:	03/31/2014	Date of Injury:	07/25/2013
Decision Date:	05/08/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

In a Utilization Review Report of October 31, 2013, the claims administrator denied a request for Naprosyn and a topical compound, citing MTUS Chronic Pain Medical Treatment Guidelines, although this do not clearly appear to be a chronic pain case. The applicant's attorney subsequently appealed. The attending provider noted that the documentation on file was sparse and that it did not clearly identify the medications prescribed and that Naprosyn had to be extrapolated based on the information available. In a clinical progress note of October 4, 2013, the applicant was asked to continue acupuncture, physical therapy, and Naprosyn while remaining off of work, on total temporary disability. On September 4, 2013, Naprosyn was renewed, along with several topical compounds. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORAL MEDICATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment Page(s): 23, 49.

Decision rationale: In this case, the request seemingly represented a request for Naprosyn, an oral NSAID, as suggested by the claims administrator's UR report. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, and page 49 does recommend oral NSAIDs such as Naprosyn, in this case, however, the applicant had seemingly used Naprosyn for a period of several weeks prior to the date of the Utilization Review Report. The applicant had failed to respond favorably to same. The applicant remained off of work, on total temporary disability, and remained highly reliant on various medical treatments, including acupuncture and physical therapy. All of the above, taken together, implied a lack of functional improvement with the oral medication in question. It is further noted that the MTUS Guideline in ACOEM Chapter 2, page 23 does state that appropriate recommendation may include a record of medications that an application is using. In this case, however, the information on file was sparse, handwritten, and not entirely legible. No case has been made for continuation of the unspecified oral medication, for all of the stated reasons. Therefore, the request is not certified, on Independent Medical Review.

COMPOUND CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications, as a class, are "not recommended." In this case, it is further noted that the applicant had used several topical compounds at various points over the life of the claim, seemingly for a period of several weeks just prior to the date of the Utilization Review Report. The applicant had failed to respond favorably to usage of the topical compounded agent in question. The applicant remained off of work, on total temporary disability, and remained reliant on various medical treatments, including acupuncture. All of the above, taken together, suggest that ongoing usage of the topical compound in question was not successful. Therefore, the request is likewise not certified, on Independent Medical Review.