

Case Number:	CM13-0045794		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2001
Decision Date:	02/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 17, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical compound; x-ray imaging of the lumbar spine of October 14, 2011, notable for moderate-to-severe degenerative disk disease at L4-L5; MRI imaging of the lumbar spine of January 10, 2006, notable for recurrent disk fibrosis at L4-L5; prior L4-L5 laminectomy; and extensive periods of time off of work. In a utilization review report of October 28, 2013, the claims administrator denied request for Naprosyn, Lortab, and Terocin on the grounds a complete PR-2 progress note was not furnished. The applicant's attorney later appealed. A later handwritten note of November 7, 2013 is reviewed. It is difficult to follow and not entirely legible. The applicant is described as having slight to moderate pain. Stability is reportedly good. Medications are refilled. It is stated that the applicant has retired from his former employment. An earlier note of January 3, 2013 is notable for comments that the applicant's back pain is under reasonable control with pain medications. It is stated that his activity level is somewhat limited, although he is trying to stay as active as possible. He exhibits a decidedly antalgic gait and footdrop on exam. Medications are again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory medications page 22 Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does state that antiinflammatory medication such as Naprosyn are considered the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, however, the applicant's ongoing response to Naprosyn usage has not been clearly detailed or described. There is no clear-cut evidence or description of functional improvement in the medical records provided for review. The applicant's work status, functional status, response in the previous usage of Naprosyn, etc., have not been clearly detailed. It does not appear that the applicant has returned to work, it is further noted. For all of these reasons, then, the request is not medically necessary and appropriate.

Lortab 7.5/500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of prior opioid usage. In this case, however, there is no evidence that these criteria have been met. It does not appear that the applicant has returned to work. There is likewise no evidence of improved function and/or reduced pain effected as a result of ongoing opioid usage. Accordingly, the request for Lortab is not medically necessary and appropriate.

Terocin lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics pages 111-113 Page(s): 111-113.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Guidelines, topical analgesics as a class are "largely experimental," to be employed for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, there is no evidence that multiple classes of oral analgesic and adjuvant medications, including antidepressants and/or anticonvulsants have been tried and/or failed. The applicant's response to previous usage of Terocin has not been clearly detailed or described. As with the Naprosyn, there is no clear

evidence that the applicant has effected any lasting benefit or functional improvement in the medical records provided for review. Accordingly, the request for Terocin lotion is not medically necessary and appropriate.