

<b>Case Number:</b>	CM13-0053626		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 low back pain reportedly associated with an industrial injury of June 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; trigger point injection therapy; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of October 16, 2013, the claims administrator denied a request for several oral and topical agents. The applicant's attorney subsequently appealed. A later note of December 23, 2013 is notable for comments that the applicant reports severe pain, reportedly worse at night. Decreased range of motion, sensation, and strength are noted. The applicant exhibits trigger point injections in the clinic and given a rather proscriptive 10-pound lifting limitation. It does not appear that the applicant is working with said limitations in place. The 10-pound lifting limitation is unchanged as compared to prior reports interspersed throughout 2013, including a previous report of October 13, 2013. On said office visit of October 13, 2013, the applicant was issued refills of numerous medications. The applicant's response to the same was not detailed or described.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio therm pain relieving lotion 4 oz bottle:** 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 Page(s): 111.

**Decision rationale:** The exact composition of the Biotherm cream has not been detailed or described by the attending provider. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Again, the composition of the cream has not been detailed or described. Therefore, the request remains non-certified, on independent medical review.

**Theraflex, 180 gm:** 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 Page(s): 111.

**Decision rationale:** TheraFlex, based on the description, appears to represent a topical amalgam of Theramine and Flexeril. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxant such as Flexeril are not 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 is likewise not certified.

**Hydrocodone/APAP 10/325 mg #60:** 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 Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment 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 ongoing opioid usage. In this case, however, it does not appear that the applicant has returned to work. There is no clear evidence of improved function and/or reduced pain effected as a result of ongoing opioid usage. Therefore, the request for hydrocodone-acetaminophen is not certified, on independent medical review.

**Cycloberizaprine 7.5 mg #60:** 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 Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request remains non-certified, on independent medical review.

**Diclofenac ER 100 mg #60:** 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 Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medication such as diclofenac do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, the applicant does not appear to have achieved any lasting benefit or functional improvement through prior usage of diclofenac. The applicant does not appear to have returned to work. There is likewise no evidence of improved performance of activities daily living and/or diminished reliance on medical treatment effected as a result of ongoing diclofenac usage. The applicant appears to be highly reliant on various medications and compounds. Continued usage of diclofenac without evidence of functional improvement as defined by the parameters established in MTUS 9792.20f is not indicated. Therefore, the request is not certified.

**Pantoprazole ER 20 mg #60:** 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 Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia, in this case, there is no clear description or mention of active symptoms of reflux, heartburn and/or dyspepsia for which ongoing usage of Protonix would be indicated. Accordingly, the request is not certified.

**MRI L/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, however, it is not clearly stated or suggested that the applicant is a candidate for surgery. It is not clearly stated that the applicant is actively considering or contemplating a surgical remedy. There is, furthermore, no clear evidence of neurologic compromise evident on any recent progress note provided. Accordingly, the request is not certified.