

Case Number:	CM13-0057344		
Date Assigned:	12/30/2013	Date of Injury:	12/25/2008
Decision Date:	04/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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:

The applicant has been treated with the following: Analgesic medications; topical patches; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; twelve epidural steroid injections; and a lumbar support. In a utilization review report of November 20, 2013, the claims administrator approved a request for Naprosyn, Prilosec, and a urine drug screen, while denying Norco, Terocin, and Flexeril. Official Disability Guidelines (ODG) was cited on the claims administrator's behalf to support several denials. In a January 2, 2014, progress note, the applicant is described as a handyman with chronic headaches, shoulder pain, neck pain, upper back pain, and low back pain. The applicant is reporting depression, anxiety, and insomnia. The applicant is apparently off work. The applicant has had extracorporeal shockwave therapy. The applicant states the combination of Naprosyn and Norco has been beneficial. The applicant is overweight, standing 5 feet 6 inches tall and weighing 199 pounds. He exhibits an antalgic gait. The applicant is asked to pursue a left shoulder surgery, continue a lumbar support, and seemingly remain off 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:

NORCO 10-325: Upheld

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

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

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (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 affected as a result of ongoing opioid therapy. In this case, however, the applicant has failed to achieve the requisite benefits despite ongoing usage of Norco, an opioid. The applicant has seemingly failed to return to work. The applicant remains off work, on total temporary disability, several years removed from the date of injury. There is no evidence of improved performance of activities of daily living achieved as a result of ongoing Norco usage. The applicant is apparently having difficulty with sleep and other basic activities of daily living. While there is some report that the applicant's pain has diminished, this is not quantified and is, furthermore, outweighed by the seeming difficulty with performance of activities of daily living and failure of the applicant to return to any form of work. Accordingly, the request for Norco was not certified, on independent medical review.

TEROCIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, "largely experimental." It is further noted that, as with the other drugs, the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of Terocin. The fact that the applicant remains off work, on total temporary disability, and remains highly reliant on epidural steroid injection therapy, shockwave therapy, physical therapy, a TENS unit, etc., taken together, implies a lack of functional improvement as defined in California Medical Treatment Utilization Schedule (MTUS) 9792.20(f) despite ongoing usage of Terocin. Therefore, the request is not certified, on independent medical review.

FLEXERIL 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines (MTUS), 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. Therefore, the request is not certified, on independent medical review.