

Case Number:	CM13-0066866		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2011
Decision Date:	04/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 is a represented ([REDACTED]) stock worker who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, topical agents and unspecified amounts of physical and manipulative therapy over the life of the claim. In a utilization review report of December 5, 2013, the claims administrator partially certified Norco for weaning purposes, denied Naproxen, denied Prilosec, and denied several topical compounds. The applicant's attorney subsequently appealed. Earlier notes of March 1, 2013 and May 3, 2013 were notable for comments that the applicant was apparently returned to regular duty work (on paper). On June 7, 2013, the applicant was again described as having been returned to regular work, although home exercises and updated lumbar MRI and an FCE were sought. In a November 12, 2013 chiropractic progress note, the applicant is described as reporting persistent low back pain with associated depression, anxiety, and irritability. Cardiorespiratory stress testing was ordered, a sleep study was ordered, and pulmonary function testing was ordered. Acupuncture, manipulative therapy, podiatry consult, a back brace, and consultation with an injection specialist were sought while the applicant was placed off of work, on total temporary disability, until December 27, 2013. In another chiropractic note of July 12, 2013, it is stated that the applicant should remain off of work, on total temporary disability. Multiple sparse handwritten notes throughout 2013 are noted, in which the applicant is asked to continue various medications, including Norco, Naproxen, Prilosec, and various topical compounds, including on an April 3, 2013 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG (C) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 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 affected as a result of ongoing opioid therapy. In this case, however, there is no clear evidence that these criteria have been met. No progress note provided documents or details the applicant's favorable response to opioid therapy. There is no evidence that the applicant has reported improved performance of non-work activities of daily living or effected successful reduction in pain scores as a result of ongoing Hydrocodone usage. The applicant, by all accounts, appears to be off of work, on total temporary disability, further arguing against the need to continue Hydrocodone usage. Therefore, the request for Hydrocodone-acetaminophen is not certified, on independent medical review.

NAPROXEN 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various chronic pain issues, including the chronic low back pain present here, in this case, however, the applicant failed to achieve any last benefit or functional improvement through prior usage of Naproxen. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various forms of medications, medical treatments, acupuncture, manipulation, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Naproxen, an anti-inflammatory medication. Therefore, the request is likewise not certified, on independent medical review.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitor such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, documentation on file does not suggest the presence of any ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Again, much of the documentation on file is sparse and does not contain much in the way of narrative commentary. There is no mention of dyspepsia made on any 2013 progress note. Therefore, the request is not certified, on independent medical review.

CAPSAICIN 0.025% FLURBIPROFEN 30% METHYL SALICYLATE 4% LIDODERM BASE 30GM JAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Page(s): 28 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last line agent, to be employed only when there is evidence of intolerance to and/or failure of other agents. In this case, however, there is no clear evidence that the applicant has proven intolerant to and/or failed multiple classes of first-line oral pharmaceuticals. The unfavorable recommendation on the Capsaicin ingredient 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, on independent medical review.

FLURBIPROFEN 30% TRAMADOL 20% LIPODERM BASE 30GM JAR: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant has used this and other topical compounds for some time, despite the unfavorable MTUS recommendation. The applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of the compound in question. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various oral medications, topical agents, topical compounds, physical therapy, manipulative therapy, acupuncture, etc. All of the above, taken together, imply a lack of functional improvement as

defined in MTUS 9792.20f despite ongoing usage of topical compound in question. Therefore, the request is not certified, on independent medical review.

CAPSAICIN 0.0375% DICLOFENAC 20% TRAMADOL 20% FLURBIPROFEN 10% 240GM JAR: Upheld

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

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

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is considered a last line agent, to be employed only when there is evidence of intolerance to and/or failure of other agents. In this case, however, there is no clear evidence that the applicant has proven intolerant to and/or failed multiple classes of first-line oral pharmaceuticals. The unfavorable recommendation on the Capsaicin ingredient 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, on independent medical review.

FLURBIPROFEN 20% LIDOCAINE 10% DEXAMETHASONE 4% 240GM JAR: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant has used this particular topical compound for some time, despite the unfavorable MTUS recommendation and has, moreover, failed to achieve any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on various analgesic medications, topical compounds, physical therapy, manipulative therapy, acupuncture, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the topical compound in question. Therefore, the request is likewise not certified, on independent medical review.