

<b>Case Number:</b>	CM13-0069091		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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] employee who has filed a claim for chronic low back pain, shoulder pain, and knee pain reportedly associated with an industrial injury of May 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and cholesterol lowering medications. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for Medrox, denied a request for Lovaza, denied a request for topical compound. The applicant's attorney subsequently appealed. In a clinical progress note of November 11, 2013, the applicant presents with persistent complaints of right shoulder, left knee, low back pain, 6-7/10. The applicant is reportedly taking pain and diabetes medications, it is stated. Limited range of motion is noted about the injured body parts. Authorization is sought for acupuncture treatments and MRI imaging of various body parts. The applicant is placed off of work, on total temporary disability. On October 14, 2013, the attending provider seeks authorization for physical therapy, consultation with an internist, and various dietary supplements. Multiple progress notes interspersed throughout 2012 and 2013 all allude to the applicant's remaining off of work, on total temporary disability. In a September 18, 2013 internal medicine note, the applicant presents with ongoing abdominal pain and reflux issues. The applicant ambulates with the aid of cane. His blood sugar checked in the clinic is 135. The applicant's blood pressure is well controlled at 120/80. The applicant is described as using Zocor, metformin, Lovaza, Theramine, Medrox, and a Diclofenac-Flurbiprofen-Gabapentin-lidocaine cream. The applicant did have a laboratory testing of September 3, 2013 which was notable for elevated triglycerides of 350.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROX PATCHES #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted 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 multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Medrox, which are per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, while the applicant has some evidence of intolerance to NSAIDs, there is no mention of the applicant's having failed other oral pharmaceutical agents or topical monotherapy. No compelling rationale for usage of Medrox was proffered. Therefore, the request is not certified, on Independent Medical Review.

**ONE (1) MONTH SUPPLY OF LOVANZA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Lovanza Section

**Decision rationale:** The MTUS does not address the topic. As noted by the National Library of Medicine (NLM), Lovaza is a prescription drug employed to treat high levels of triglycerides in the blood. In this case, the applicant does have triglyceridemia with triglyceride level of 350. This is considered high, per the National Library of Medicine (NLM). Given the applicant's ongoing issues with laboratory-confirmed triglyceridemia and superimposed issues with diabetes and hypertension, ongoing issues of Lovaza, a triglyceride-lowering agent is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

**ONE (1) DFGL TWO (2) (DICLOFENAC 10%/FLURBIPROFEN 10%/GABAPENTIN 10%/LIDOCAINE 5%):** 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 Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, one of the ingredients in the compound, is specifically not recommended for topical compound formulation purposes. The unfavorable recommendation on the Gabapentin 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 not certified, on Independent Medical Review.