

Case Number:	CM14-0001741		
Date Assigned:	01/22/2014	Date of Injury:	04/29/2011
Decision Date:	03/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/06/2014

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 April 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture over the life of the claim; unspecified amounts of physical therapy over the life of the claim; prior lumbar laminectomy surgery in 2011; a (TENS) transcutaneous electrical nerve stimulation unit; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with said permanent work restrictions in place. In a utilization review report of December 9, 2013, the claims administrator reportedly denied request for Naprosyn, Prilosec, Tylenol with Codeine, and Terocin patches. The applicant's attorney subsequently appealed. The rationale behind the denial was quite sparse. No clear rationale is seemingly available here. In an October 28, 2013 progress note, the applicant is described as having finished 7 of 12 recent sessions of physical therapy. The applicant reportedly has decreased pain. The applicant is reportedly using Naprosyn, Terocin, and Tylenol with Codeine. The applicant weighs 221 pounds, has reportedly lost weight. Diminished lower extremity strength is noted. All of the aforementioned medications are refilled, along with permanent work restrictions. An earlier note of March 26, 2013 is notable for comments that the applicant is off of work, on total temporary disability. It is stated that the applicant's pain levels range from 2/10 at best to 7/10 at worse. Medications were reportedly described as helpful at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for 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 Anti-Inflammatory Medications Topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that "anti-inflammatories are the traditional first line of treatment," in this case, however, the applicant has been using Naprosyn, an anti-inflammatory medication, chronically, without clear evidence of functional improvement as defined in MTUS 9792.20f. The applicant has failed to return to work. Permanent work restrictions apparently remain in place, unchanged, from visit to visit. The applicant remains highly reliant on various forms of medical treatment, medications, physical therapy, a (TENS) transcutaneous electrical nerve stimulation unit, etc. Continued usage of Naprosyn without evidence of functional improvement is not indicated. It is further noted that the most recent progress note is quite sparse. While earlier progress note suggest that there may have been some benefit through prior usage of medications, this progress note was dated much earlier in 2013 and is outweighed by the applicant's continuing to remain off of work, on total temporary disability. The request for Naproxen 550mg #60 is not medically necessary.

The requested treatment for Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDs) non-steroidal anti-inflammatory drugs (GI) gastrointestinal Risk Topic Page(s):.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Omeprazole are indicated in the treatment of NSAID induced dyspepsia. In this case, however, there is no evidence of dyspepsia, either NSAID induced or standalone. The documentation on file, as previously noted, is sparse, handwritten, and difficult to follow. Therefore, the request for Omeprazole is not certified.

The requested treatment for Tylenol with codeine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section to continue Opioids Topic 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 reduced pain affected as a result of ongoing Opioid usage. In this case, however, the applicant has failed to return to work. There is no evidence of ongoing pain relief and/or restoration of function affected as result of ongoing Tylenol with Codeine usage. Therefore, request remains non certified, on independent medical review.

The requested treatment for Terocin Patches: Upheld

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

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

Decision rationale: As noted on page 47 of the MTUS-adopted ACOEM Guidelines in Chapter 3: "Oral pharmaceuticals are the first line palliative method." In this case, there is no evidence of tolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical agents or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, as with the other oral drugs, the applicant has been on this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, and remains on highly reliant on medical treatment implies lack of functional improvement as defined in section 9792.20f. Therefore, the request is not certified.