

Case Number:	CM14-0003088		
Date Assigned:	01/31/2014	Date of Injury:	08/26/2000
Decision Date:	08/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Preventive 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 reportedly associated with an industrial injury of August 26, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 17, 2013, the claims administrator partially certified a request for "periodic" blood work as basic blood work every six months, approved a request for physical medicine, denied topical lotions, approved Naprosyn, approved Protonix, approved Norflex, and approved Ultracet. Non-MTUS ODG guidelines on physical therapy were cited. Overall rationale was sparse. The claims administrator stated he was certifying blood work to monitor the applicant's renal and hepatic function. The applicant's attorney subsequently appealed. A November 19, 2013 progress note is notable for comments that the applicant had persistent complaints of low back pain. The applicant was status post a total knee arthroplasty, it was stated, through another provider. The applicant had gastric upset, for which she is using Protonix. The applicant stated that tramadol was working well for her. The applicant was given refills of Norflex, Ultracet, Naprosyn, Protonix, and topical compounds. Periodic blood work was sought to monitor the applicant's renal and hepatic function every four to six months. The applicant did not appear to be working, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERIODIC BLOOD WORK: Overturned

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 NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: The attending provider wrote in his progress note that he intended to perform periodic laboratory testing in the form of renal and hepatic function testing every four to six months. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine laboratory monitoring of the applicants using NSAIDs includes a CBC and chemistry profile. The MTUS goes on to note that the interval of repeating laboratory tests in applicants using NSAIDs has not been clearly established. In this case, the applicant is using one NSAID medication, Naprosyn, in addition to a variety of other agents, including Norflex and Ultracet. Periodic laboratory testing in the form of the once quarterly to once biannually renal hepatic function testing being sought by the attending provider is indicated. Therefore, the request is medically necessary and appropriate.

TRAMCAP C AND DIFFLUR 120G LOTIONS: Upheld

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

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 in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, Oral Pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Ultracet, Norflex, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as Tramcap and Diflur. Therefore, the request is not medically necessary and appropriate.