

Case Number:	CM14-0155683		
Date Assigned:	09/25/2014	Date of Injury:	03/09/2013
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 and knee pain reportedly associated with an industrial injury of March 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 9, 2014, the claims administrator failed to approve a request for Mentherm cream, naproxen, and Prilosec. Tramadol and Norco were partially approved. A follow-up visit with possible epidural injection was conditionally approved as a follow-up visit alone. A pain management office visit was also approved. A follow-up visit with associated range of motion testing was partially approved as a follow-up visit alone, without range of motion testing. The applicant's attorney subsequently appealed. In a July 17, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral legs, 6/10. Limited lumbar range of motion was noted. Norco and lumbar MRI imaging were endorsed. The applicant's work status was not furnished. In a July 16, 2014 progress note, the applicant reported persistent complaints of neck and low back pain, 6-8/10, status post earlier cervical epidural steroid injection therapy. The applicant did have associated complaints of numbness and tingling about the legs. Mentherm, naproxen, Prilosec, and tramadol were refilled. The applicant was asked to obtain urine drug testing and follow up with the pain management physician to obtain possible epidural injection. The applicant was asked to continued Mentherm, it was separately stated in another section of the report. A rather proscriptive 20-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. In a separate note dated June 18, 2014, the applicant was placed off of work, on total temporary disability. In an earlier note dated May 7, 2013, it was acknowledged that the applicant was not

working and was status post two prior injections to unspecified regions. The applicant was again given work restrictions, which the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Salicylates

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topicals such as Mentoderm in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco and tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentoderm. Therefore, the request is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI Symptoms & Cardiovascular risk, PPI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes referenced contained no explicit mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Tramadol 50mg #60: 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 When to Continue 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the attending provider has failed to outline any compelling rationale or basis for provision of two separate short-acting opioids, namely Norco and tramadol. Therefore, the request is not medically necessary.

Follow up with [REDACTED] for possible lumbar steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for office visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The applicant appears to have had several prior cervical lumbar epidural injections over the course of the claim. The request for a follow-up visit for possible epidural injection, thus, represents a request for a repeat epidural block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid agents such as Norco and tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier lumbar epidural injections. Therefore, the request for a follow-up visit for possible lumbar steroid injection is not medically necessary.

Follow up in 4-6 weeks with ROM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170, 293.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are "limited value" because of the marked variation amongst the applicants with symptoms and those without. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are likewise of "limited value" owing to the marked variation amongst the applicants with and without symptoms. Since the range of motion component of the request is not indicated, the entire request is not endorsed by ACOEM, the entire request is not supported. Therefore, the request is not medically necessary.