

Case Number:	CM14-0156672		
Date Assigned:	09/26/2014	Date of Injury:	07/01/2013
Decision Date:	11/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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 neck and low back pain reportedly associated with an industrial injury of July 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for Toprophan, a dietary supplement, denied a request for Voltaren, denied a request for naproxen, and denied a request for methyl-C, a topical agent. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 12, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, for additional six weeks owing to ongoing complaints of 4-7/10 neck and low back pain. The applicant's medication list included Ultram, naproxen, Toprophan, and methyl-C. It appears that the attending provider went on to furnish the applicant with various prescriptions, including Toprophan, methyl-C, naproxen, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprophan #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter, Alternative Treatments section..

Decision rationale: The MTUS does not address the topic of dietary supplements such as Toprophan. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, dietary supplements such as Toprophan are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Voltaren #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, 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 applicant-specific variable such as "other medications" into his choice of recommendations. In this case, the attending provider has not furnished any rationale for provision of two separate NSAIDs, Voltaren and naproxen. Therefore, the request is not medically necessary.

Naproxen 550mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22 and 7.

Decision rationale: This is a renewal request. 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 conditions, including the chronic low back pain reportedly present here, 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, the applicant is off of work, on total temporary disability. Persistent complaints of pain as high as 8/10 were noted, despite ongoing usage of

naproxen. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.

Methyl C 240gm, #1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the methyl-C compound in question are "largely experimental." In this case, the applicant has already received and has been using the largely experimental methyl-C topical compound, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of methyl-C. The applicant remains off of work, on total temporary disability. Ongoing usage of methyl-C has failed to curtail the applicant's dependence on other oral medications, such as naproxen, tramadol, Voltaren, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the methyl-C compound in question. Therefore, the request is not medically necessary.