

Case Number:	CM14-0022700		
Date Assigned:	06/11/2014	Date of Injury:	08/05/2012
Decision Date:	12/31/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 low back pain reportedly associated with an industrial injury of April 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report dated February 20, 2014, the claims administrator partially approved Norco and Norflex for weaning purposes, denied Prilosec outright, and denied Terocin patches. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2014, the applicant reported ongoing complaints of low back pain. Some loss of lumbar range of motion is noted on exam. An epidural steroid injection therapy was sought. It was stated that the applicant was deriving appropriate analgesia from medications. The applicant was returned to regular duty work. The applicant stated that he was using minimum possible dose of all medications. On November 20, 2013, the applicant was again described as working for ongoing complaints of low back pain. A lumbar support was sought. The applicant did report some derivative complaints of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second line option for the short term treatment of acute exacerbations of chronic low back pain. In this case, however, the 100-tablet supply of Norco sought by the attending provider on the Utilization Review Report dated February 20, 2014 and associated RFA form on February 14, 2014, implies chronic, long-term, and/or scheduled usage. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Omeprazole 20MG: Upheld

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

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitor such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file contained no references to issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, which would support provision of omeprazole. Therefore, the request was not medically necessary.

Terocin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine (NLM) is an amalgam of menthol and lidocaine. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of oral antidepressant adjuvant medication and/or oral anticonvulsant adjuvant medication failure prior to selection, introduction, and/or ongoing usage of the Terocin patches at issue. Therefore, the request was not medically necessary.

Norco 5MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has apparently returned to and maintained full-time work status with ongoing medication consumption, the attending provider has posited. The applicant is deriving appropriate analgesia from ongoing Norco usage, it was further stated and is able to maintain performance of activities of daily living, it was further suggested. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.