

Case Number:	CM14-0032883		
Date Assigned:	06/20/2014	Date of Injury:	11/16/2000
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Service 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/Service. 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 November 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and earlier lumbar fusion surgery. In a Utilization Review Report dated May 10, 2014, the claims administrator denied a request for multiple topical compounded drugs, denied a request for Norco, and denied a request for diclofenac. Diclofenac was apparently denied owing to the reported complaints of GI disturbance. The applicant's attorney subsequently appealed. In a January 29, 2014 progress note, the applicant was described as reporting persistent complaints of low back, midback, and rib pain with associated headaches, 7/10. The applicant was using Norco and diclofenac, which the attending provider stated were not doing much to diminish the applicant's symptoms. The applicant also reported derivative complaints of heartburn it was stated in the review of systems section of the report. The applicant was given renewals of Norco and diclofenac. Omeprazole was introduced for heartburn. Various topical compounded drugs were introduced. The applicant was described as permanent and stationary. The applicant did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP (Norco) 10/325mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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, however, the applicant is off of work. The applicant is seemingly off of work. The applicant's pain complaints are heightened, as opposed to reduced, despite ongoing opioid usage. The attending provider himself acknowledged that the applicant was not deriving appropriate analgesia through ongoing Norco usage. Therefore, the request is not medically necessary.

Ami/tramadol-DM (compound) transderm, QTY: 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-Adopted ACOEM guidelines in Chapter 3, page 47, oral pharmaceuticals are first line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as Ami Tramadol compound proposed here. Therefore, the request is not medically necessary.

Gaba/keto/lida (compound) transderm 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound proposed here, specifically ketoprofen and gabapentin, are specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Diclofenac XR 100mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Anti-inflammatory Medications topic.2. ACOEM Practice Guidelines, Chapter 3, page 47.3. MTUS page 7.4. MTUS 9792.20f. Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti inflammatory medications 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 comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice guidelines, both of which state that an attending provider should incorporate some discussion of medication efficacy and side effects into his choice of recommendations. In this case, the applicant is reporting severe heartburn with ongoing diclofenac usage. The applicant has reported ongoing usage of diclofenac as not been particularly efficacious. Given the lack of medication efficacy, development of side effects, and failure of the applicant to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f through ongoing diclofenac usage, discontinuing the same appears to be more appropriate option than continuing the same, particularly given the applicant's failure to return to any form of work and continued reliance and dependence of various forms of medical treatment including opioid therapy. Therefore, the request is not medically necessary.