

Case Number:	CM14-0035968		
Date Assigned:	06/23/2014	Date of Injury:	04/24/2013
Decision Date:	08/01/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and psychotropic medications. On February 4, 2014, the applicant was declared permanent and stationary and given a 10% whole-person impairment rating. It did not appear that the applicant was working at that point in time. In a progress note of May 12, 2014, the applicant reported 7/10 neck, back, and bilateral foot pain. The applicant stated that earlier acupuncture and manipulative therapy provided only fleeting to no relief. The applicant was using oral ketoprofen twice daily, trazodone once a night, Zanaflex for muscle spasm, and LidoPro. The applicant stated that the medications helped in diminishing pain by 50%, helped in increase his sleep by at least two hours, helped in increase his walking distance. The applicant denied any overt side effects with medication usage. A variety of medications were renewed, including LidoPro, trazodone, orphenadrine, and ketoprofen. In a November 8, 2013, applicant questionnaire, the applicant acknowledged that he was not working. In a January 17, 2014 questionnaire, the applicant stated that topical medications were not effective. The applicant acknowledged that topical medications did not improve his function. The applicant stated that he was having ongoing issues with insomnia and nausea/stomach pain. In a January 17, 2014 progress note, the applicant stated that ongoing usage of medications was diminishing his pain by 50%, improving his sleep, and improving the applicant's walking distance by 15 minutes. The applicant did report dyspepsia and/or abdominal pain with medication usage. The applicant was given refills of oral Norco, Flexeril, oral ketoprofen, Desyrel, and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4oz #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 7, 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant has himself reported on multiple occasions that ongoing usage of LidoPro cream has been ineffectual and has failed to diminish his consumption of other medications. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the topical LidoPro cream has failed to generate any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. The applicant has failed to return to work. The applicant's work status and work restrictions are unchanged from visit to visit. The applicant remains highly reliant and highly dependent on numerous other analgesic medications. Therefore, the request for LidoPro topical ointment is not medically necessary both owing to lack of functional improvement with the same as well as owing to the unfavorable MTUS recommendation.

Trazodone 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatment, Sedating Antidepressants.

Decision rationale: As noted on page 13 of the MTUS Chronic Pain Medical Treatment Guidelines, antidepressants such as trazodone are indicated in the treatment of chronic pain, as is present here. It is further noted that the ODG chronic pain chapter insomnia treatment topic states sedating antidepressants such as amitriptyline or Desyrel have been commonly used to treat insomnia and that trazodone is one of the most commonly prescribed agents for insomnia. MTUS Chronic Pain Medical Treatment Guidelines states that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has stated on several occasions that ongoing usage of trazodone has ameliorated the applicant's ability to initiate and maintain sleep. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Hydrocodone/APAP 5/525mg #90: Upheld

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

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. The attending provider has suggested that the applicant has only derived fleeting benefit from ongoing usage of medications such as Norco. There is no evidence of any concrete or tangible improvement in terms of performance of non-work activities of daily living. While the attending providers commented that usage of Norco has allowed the applicant to stand and/or walk for 10 15 minutes appears marginal to negligible at best and is outweighed by the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

Orthopedic follow up evaluation with [REDACTED]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has seemingly failed to respond favorably to conservative measures, including time,

medications, physical therapy, acupuncture, manipulation, etc. Obtaining the added expertise of a physician in another specialty is therefore indicated. Accordingly, the request is medically necessary.