

Case Number:	CM14-0065293		
Date Assigned:	07/14/2014	Date of Injury:	01/05/2009
Decision Date:	09/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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, headaches, mid back pain and myofascial pain syndrome reportedly associated with an industrial injury of January 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated April 11, 2014, the claim administrator denied a request for ibuprofen 600 mg, LidoPro cream, and cyclobenzaprine. The applicant's attorney subsequently appealed. In a progress note dated January 13, 2014, the applicant reported 9/10 low back pain. The applicant had missed several appointments. The applicant was using tramadol, topiramate and omeprazole. The applicant had difficulty sleeping. The applicant was considering compromising and releasing his claim, it was stated. Ibuprofen was refilled. Cyclobenzaprine was also endorsed, along with LidoPro ointment. Tramadol and topiramate were also discontinued. The applicant was asked to consult a psychiatric. The applicant's work status not provided, although it did not appear that the applicant was working. In a March 28, 2014, progress note, the applicant reported persistent complaints of low back pain, reportedly severe, 9/10, that the applicant is having difficulty sleeping, and is also reporting issues with muscle spasms. Cyclobenzaprine, LidoPro and diclofenac were endorsed. A shot of Toradol was given in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60 with 3 refills: 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 Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen 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, however, the applicant is not seemingly working. 9/10 pain is reported from visit to visit, despite ongoing usage of ibuprofen. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including multiple other medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of ibuprofen. Therefore, the request is not medically necessary.

Lidopro 121gm: 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 Topical Analgesics Page(s): 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, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of the largely experimental topical compound issue. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #30 prn: 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 Cyclobenzaprine Page(s): 41.

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

