

Case Number:	CM14-0069140		
Date Assigned:	07/25/2014	Date of Injury:	08/13/2012
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 August 13, 2012. 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; 91 sessions of physical therapy over the life of the claim, per the claims administrator; opioid therapy; knee arthroscopy; and topical compounds. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for Tylenol No. 4, denied a request for topical compounded medication, and denied a request for Xanax. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant was described as having persistent complaints of low back pain. It was stated that the applicant had had a total of 91 sessions of physical therapy at last one. The applicant was described as using Tylenol No. 4 twice daily, Xanax once a day, Prilosec once a day, and a topical compounded agent. The applicant did have issues with depression, anxiety, and insomnia, it was stated. Multiple medications were renewed. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy. In an earlier note dated March 11, 2014, the applicant was described as using Tylenol No. 4, Prilosec, Xanax, and the topical compounded drug also at issue on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Tylenol #4: 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, on total temporary disability. The attending provider has not outlined any tangible decrements in pain or improvements in function achieved as a result of ongoing Tylenol No. 4 usage. There was no discussion of medication or efficacy on the cited progress note. Therefore, the request is not medically necessary.

1 Topical Cream (Gabapentin, Ketoprofen and Tramadol): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the ingredients in the cream, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

60 Tablets Xanax 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources. In this case, however, the 60-tablet supply of Xanax being proposed implies long-term, chronic, and scheduled usage of Xanax for insomnia purposes. This is not an ACOEM-approved indication for the same. Therefore, the request is not medically necessary.