MAXIMUS Federal Services

Case Number:	CM14-0077415		
Date Assigned:	07/18/2014	Date of Injury:	10/23/2006
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 October 23, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy.In a Utilization Review Report dated May 21, 2014, the claims administrator apparently failed to approve a request for Norco, Medrox, MiraLax, and Flector.The applicant's attorney subsequently appealed.In a progress note dated January 13, 2014, the applicant reported 7/10 low back pain with associated dyspepsia with medication usage. The applicant also had issues with anxiety, depression, mood swings, bipolar disorder, suicidal ideation, it was noted. The applicant was using Medrox, Norco, Flector, senna, Ambien, Prilosec, Ativan, Paxil, and Effexor, it was stated. Multiple medications were refilled. MiraLax was apparently started for constipation, it was stated at the bottom of the report. While the attending provider stated that medications were beneficial, the attending provider did not quantify or narrate any tangible improvements in function with medication therapy.In an applicant questionnaire dated January 13, 2014, the applicant stated that she was having trouble concentrating, poor energy, poor appetite, and feelings of depression the majority of the time.On February 10, 2014, the applicant again reported 7/10 low back pain radiating into bilateral legs. Derivative complaints of anxiety, fatigue, and depression were reported. The applicant had a BMI of 27. The applicant was using Medrox, Flector, MiraLax, Norco, senna, Ambien, Prilosec, Ativan, Paxil, and Effexor. Arthrotec was introduced. Dental consultation was sought.

The applicant was asked to continue psychiatric treatments.On May 12, 2014, the applicant was described as reporting 9/10 low back pain radiating into left leg. The applicant reported no change in activities of daily living. The attending provider again stated that the applicant was reporting benefit with medication consumption but did not elaborate on the extent of the same. Additional physical therapy, Flector, Norco, Medrox, and MiraLax were sought. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment: 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 Analgesics topic. 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, no rationale for selection and/or ongoing usage of Medrox in the face of the unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the applicant has been using Medrox for some time, despite the unfavorable MTUS position on the same, and has, furthermore, failed to derive any lasting benefit or functional improvement as defined in MTUS s9792.20f through the same. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on numerous analgesic and adjuvant medications, including Norco, Effexor, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Medrox. Therefore, the request is not medically necessary.

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids, constipation Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: 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 does not appear to be working. The applicant continues to report low back pain as high as 7-9/10, despite ongoing usage of Norco. The attending provider has not recounted or described any tangible improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Miralax powder 17 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. In this case, the applicant is using Norco, and opioid. Prophylactic provision of MiraLax, a laxative, to combat any potential opioid-induced constipation issues is indicated. Therefore, the request is medically necessary.

Flector patch 0.013 %: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals, Diclofenac Page(s): 111, 105,43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren is indicated in the treatment of small joint arthritis which lends itself toward topical application. Topical diclofenac/Voltaren has not been evaluated for treatment for issues involving the spine, the principal pain generator here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence so as to support provision of Flector despite the tepid-to-unfavorable MTUS position on the same. Therefore, the request is not medically necessary.