

Case Number:	CM14-0078715		
Date Assigned:	07/18/2014	Date of Injury:	12/29/2006
Decision Date:	12/04/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Preventive 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 December 29, 2006. Thus far, the applicant has been treated with the following medications: Transfer of care to and from various providers in various specialties; topical compounds; adjuvant medications; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 6, 2014, the claims administrator failed to approve a request for Tenormin and a topical compounded Ketamine containing medication. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant reported ongoing complaints of low back pain. Ancillary complaints including venous varicosities and gastroesophageal reflux disease were noted. The applicant apparently stated that psychotherapy had not been beneficial. 9-10/10 pain complaints were noted. The note was somewhat difficult to follow and mingled old complaints with current complaints. Opana, Tenormin, Prevacid, Cymbalta, and Motrin were renewed. Permanent work restrictions were renewed. It was stated that the applicant was "unable to work" and not working with said permanent limitations in place. It was not clearly stated for what purpose the applicant was using Tenormin, a blood pressure lowering agent. The applicant's blood pressure was not seemingly measured. The applicant was using a cane to move about. The applicant stood 5 feet 5 inches tall and weighed 260 pounds, it was further noted. In a May 12, 2014 procedure note, the applicant received an epidural steroid injection. On April 11, 2014, the applicant presented with issues associated with chronic right lower extremity venous insufficiency. The applicant's blood pressure was not measured on this occasion, either. On March 16, 2014, the applicant reported ongoing complaints of low back and bilateral lower extremity pain status post earlier lumbar fusion surgery. The applicant's past medical history was reportedly notable for hypertension, colitis, degenerative

joint disease, it was acknowledged on this occasion. The applicant was status post lumbar fusion surgery in 2009, spinal cord stimulator placement and removal, and hysterectomy in 2008. The applicant's medication list included Tenormin, Cymbalta, Motrin, Prilosec, and Dilaudid. The applicant's blood pressure was 127/68, it was noted on this occasion. On March 10, 2014, the applicant's vital signs were not taken. In a July 10, 2014 pain management note, it was acknowledged that the applicant had ongoing complaints of low back pain. It was acknowledged that the applicant was still not working. The applicant was reportedly using Opana, Cymbalta, and Prevacid. The applicant stated that here medications were allowing her to perform basic tasks such as grocery shopping and light cleaning at home. The applicant's blood pressure was not taken on this occasion. Multiple medications, including Dilaudid, Opana, Oxymorphone, Cymbalta, Prevacid, and topical Lidocaine were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol (Tenormin) 25 mg po tab 30 tab: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/script/main/hp/asp>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Tenormin Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Tenormin, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has seemingly posited that ongoing usage of Tenormin (atenolol) has successfully controlled the applicant blood pressure, at least as of a March 2014 progress note, referenced above. The Food and Drug Administration (FDA) does note that Tenormin is indicated in the management of hypertension, as appears to be present here. While the applicant's blood pressure has apparently only been measured on minority of progress notes, at least one progress note on which the applicant's blood pressure was measured did suggest that Tenormin had proved effective in managing the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Transdermal Ketamine 10% Ketoprofen 10% Gabapentin 10% Bupivacaine 2.5 %:
Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the compound, 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. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Cymbalta, Opana, etc., effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.