

Case Number:	CM14-0175395		
Date Assigned:	12/12/2014	Date of Injury:	07/19/2001
Decision Date:	01/16/2015	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/23/2014

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 July 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; anti-inflammatory medications; lumbar radiofrequency ablation procedure; manipulative therapy; physical therapy; massage therapy; epidural steroid injection therapy; and unspecified amounts of acupuncture over the course of the claim. In a Utilization Review Report dated September 27, 2014, the claims administrator partially approved a request for Motrin 800 mg #90 with two refills to Motrin 800 mg #90 with one refill alone, conditionally denied a repeat radiofrequency ablation procedure, and denied topical compounded cream outright. The claims administrator stated that its decision was based on a progress note of August 27, 2014 and further contented that the attending provider has failed to respond to multiple faxed requests for additional information. The applicant's attorney subsequently appealed. In January 7, 2014 progress note; the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, highly variable, ranging from 5 to 10/10. The applicant was using Motrin and Soma, it was acknowledged. It was stated that the applicant had returned to work as private duty licensed vocational nurse. The applicant reported 3/10 pain with medications versus 8/10 pain without medications. Medial branch block therapy was sought. In a progress note dated March 4, 2014, the applicant again stated that pain complaints ranged from 5 to 10/10 and that she had returned to work. It was suggested that the applicant was deriving appropriate analgesia with ongoing Motrin and Soma usage. In a December 16, 2014 progress note, the applicant again reported 5/10 pain at best versus 10/10 at worse. The applicant stated that her medications were alleviating her pain complaints. The applicant acknowledged that radiofrequency ablation procedures, however, were not helping any longer. The applicant was using tramadol and Soma;

it was stated in one section of the note. Lidoderm patches were started. It was stated that the applicant could consider SI joint injections. In a progress note dated October 7, 2014, the applicant was asked to start tramadol for pain relief. It was again stated the applicant was working as a private duty nurse. On May 28, 2014, the applicant's secondary treating provider furnished the applicant with a prescription for Celebrex, suggesting that the applicant would discontinue Motrin. On April 1, 2014, the applicant was given a refill of Motrin. The requesting provider stated that the applicant had near-complete resolution of low back pain following a recent radiofrequency ablation procedure. On August 20, 2014, the applicant reported persistent complaints of low back pain. It was stated that the applicant had resumed using Motrin and Celebrex had not been helpful. Motrin was refilled, along with a topical compounded lidocaine-flurbiprofen containing agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the applicant has, on several occasions, reported appropriate analgesia achieved as a result of ongoing Motrin usage. The applicant, in addition to deriving appropriate analgesia through ongoing Motrin usage, has also returned to work, as a private duty nurse, it was suggested on several occasions, referenced above. The applicant's self-reports with analgesia with Motrin, coupled with the applicant's successful return to work, do constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f with ongoing Motrin usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Compound cream LF520 (Lidocaine 5%/Flurbiprofen 20%) #120gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)..

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that lidocaine, the primary ingredient in the compound at issue, is recommended in the treatment of neuropathic pain in applicants in whom there has been a trial of

first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the antidepressant adjuvant medication and/or anticonvulsant adjuvant medication failure prior to selection and/or introduction of the lidocaine containing compound at issue. Since one component 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 Motrin, Tramadol, and other first line oral pharmaceuticals effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request is not medically necessary.