

Case Number:	CM14-0183636		
Date Assigned:	11/12/2014	Date of Injury:	10/13/2008
Decision Date:	01/20/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 and hip pain reportedly associated with an industrial injury of October 13, 2008. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for EMG testing of the lower extremities, denied Norco, denied Naproxen, denied Protonix, denied Nalfon, denied Ultracet, denied Norflex, approved Desyrel, denied LidoPro cream, and denied Terocin patches. The claims administrator stated that its decisions were based on an August 27, 2014 progress note. The claims administrator suggested that the applicant was working full time and benefiting from several of the medications in its clinical summary but then went on to deny many of the same. The applicant also had derivative complaints of depression, it was noted. In a September 30, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was working with restrictions in place. The applicant stated that bending and lifting were still somewhat problematic. The attending provider stated that Norco is being employed for moderate-to-severe pain purposes and was allowing the applicant to work full time as a phlebotomist. Norco, Flexeril, Nalfon, LidoPro lotion, Terocin patches, Protonix, and Desyrel were all renewed. It was stated that Protonix was being employed for upset stomach. It was not stated whether this was being employed on an as-needed basis or daily basis or whether the applicant was personally experiencing symptoms of reflux or dyspepsia. On August 27, 2014, the applicant reported persistent complaints of hip and low back pain. The applicant had gone back to work and had been working since June 2013; it was noted, despite having to miss approximately two days in a month owing to flares of pain. The applicant stated that she had been given impairment ratings by several physicians but had not received any permanent partial disability payments. The attending provider posited that acupuncture and medications were ameliorating the applicant's sitting, standing, and lifting

tolerance. Drug testing was sought. It was suggested that the applicant had last obtained drug testing in June 2014 through a previous physician. Naproxen, Protonix, Nalfon, Ultracet, Norflex, Desyrel, LidoPro cream, and Terocin patches were all endorsed, as were a back brace, TENS unit, and trigger point injections. The note was somewhat difficult to follow. On July 24, 2014, the attending provider again reiterated that the applicant was working full time as a phlebotomist, despite reporting heightened complaints of pain toward the end of the workday. The applicant also had depressive symptoms, it was acknowledged. It was stated that Protonix was being endorsed to treat upset stomach from taking medications. Norco, tramadol, Flexeril, Naproxen, and Protonix were all renewed. In a September 30, 2014 progress note, the attending provider stated that the applicant had had previous lumbar MRI imaging which demonstrated disk protrusion in 2012 but that he was nevertheless ordering EMG testing on the grounds that the applicant had not had such testing "for quite a while."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for applicants who carry a diagnosis of clinically obvious radiculopathy is "not recommended." In this case, the applicant already has clinically-evident, radiographically-proven lumbar radiculopathy, the requesting provider posited. It is not clear why electrodiagnostic testing is being sought. It does not appear that the proposed EMG testing would influence or alter the treatment plan, it is further noted, as the applicant already has an established diagnosis of lumbar radiculopathy present here. Therefore, the request is not medically necessary.

Ten (10) panel urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to

perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing and, furthermore, suggests that an attending provider should attempt to classify applicants into higher- or lower-risk categories for which more or less frequent drug testing might be indicated. In this case, however, the requesting provider made no attempt to stratify the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. It is not clear why repeat drug testing is being sought approximately two months after the applicant had had previous testing in June 2014 through another treating provider. ODG further stipulates that an attending provider should clearly state which drug tests and/or drug panels he intends to test for. In this case, the requesting provider did not clearly state what drug tests and/or drug panels he intended to test for. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Norco #120: Overturned

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

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, the applicant has returned to and maintained full-time work as a phlebotomist, the requesting provider has suggested. The applicant is deriving appropriate (albeit incomplete) analgesia from her medications, the requesting provider has posited. Ongoing usage of Norco has, furthermore, ameliorated the applicant's sitting, standing, walking, and lifting tolerances. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, 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 applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the requesting provider

failed to furnish any compelling rationale for provision of two separate anti-inflammatory medications, namely Naproxen and Nalfon (Fenoprofen) on several progress notes, referenced above, including those dated September 30, 2014 and August 27, 2014. It is not clear why the applicant needed to employ two separate anti-inflammatory medications. Therefore, the request is not medically necessary.

Protonix 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events who, by implication, do qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, it did appear that the applicant was using multiple NSAIDs, namely Naproxen and Nalfon on or around the date in question. Prophylactic usage of Protonix was, consequently, indicated. Therefore, the request is medically necessary.

Nalfon 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon (Fenoprofen) do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not outline a compelling rationale for provision of two separate anti-inflammatory medications, Nalfon and Naproxen. Therefore, the request is not medically necessary.

Ultracet 37.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

Decision rationale: The medication in question appears to have been introduced for the first time via a progress note of August 27, 2014. On that date, the requesting provider suggested, albeit incompletely, that Norco was being employed for moderate-to-severe pain while Ultracet would be employed for moderate pain purposes. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol and, by implication, Ultracet (Tramadol-acetaminophen) is indicated for moderate-to-severe pain, as was present here on or around the date in question. A trial of the same was indicated, given the requesting provider's commentary to the effect that since Norco is being employed for more severe pain purposes and that he intended to employ Ultracet for lesser levels of pain. Therefore, the request is medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet supply of Norflex proposed implies chronic, long-term, and/or scheduled usage of the same. Such usage of the same is incompatible with the injunction on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to reserve muscle relaxants for short-term treatment of acute exacerbations of pain. Therefore, the request is not medically necessary.

LidoPro cream 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Medications Page(s): 28 and 111. Decision based on Non-MTUS Citation National Library of Medicine (NLM), LidoPro Medication Guide

Decision rationale: LidoPro, per the National Library of Medicine (NLM), is an amalgam of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin be employed only as a last-line agent, in applicants who have not responded to and/or are intolerant of other medications. Here, however, the requesting provider did not clearly identify any evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection,

introduction, and/or ongoing usage of the capsaicin-containing LidoPro compound at issue. The applicant's seeming usage of multiple oral pharmaceuticals, including Norco, Naproxen, Nalfon, Ultracet, etc., would seemingly obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded LidoPro cream at issue. Therefore, the request is not medically necessary.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide

Decision rationale: Terocin, per the National Library of Medicine, is an amalgam of Lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledged that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, there was no mention of the previous failure of antidepressant and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidocaine-containing Terocin patches at issue. Therefore, the request is not medically necessary.