

Case Number:	CM14-0202311		
Date Assigned:	12/12/2014	Date of Injury:	05/10/2012
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 May 10, 2012. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a pain management consultation, approved eight sessions of physical therapy, denied a topical compounded cream, approved Prilosec, and approved a followup visit. The claims administrator referenced a September 26, 2014 progress note in its determination. The claims administrator denied a pain management consultation on the grounds that it did not believe that additional practitioners were needed here. The claims administrator did not incorporate any guidelines in the rationale via which the pain management consultation was denied, but stated, at the bottom of the report, that its determination was based on non-MTUS Colorado Guidelines. The applicant's attorney subsequently appealed. On March 21, 2014, the applicant reported ongoing complaints of low back pain. The applicant was no longer working. The applicant has been terminated by his former employer. The applicant was receiving total temporary disability and insurance benefits. The applicant had last worked in June 2012, it was noted. The applicant's primary issue was low back pain with ancillary complaints of anxiety, depression, and dizziness also evident. Lumbar MRI imaging, cyclobenzaprine, Prilosec, tramadol, a neurology consultation, and a psychiatry consultation were endorsed while the applicant was placed off of work, on total temporary disability. The applicant remained on total temporary disability on an April 22, 2014 progress note. On November 3, 2014, the applicant reported persistent complaints of low back pain. A pain management consultation was reportedly pending. The applicant reported anxiety. 7/10 low back pain was also reported. The applicant was given refills of Prilosec, Lidoderm, and a topical compounded medication. Eight sessions of physical therapy were sought while the applicant was

placed off of work, on total temporary disability. The applicant's complete medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment; page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction section. Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider (PCP) to reconsider operating diagnoses to determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work, despite usage of a variety of analgesic and adjuvant medications. Physical therapy has apparently proven unsuccessful here. Obtaining the added expertise of a physician specializing in chronic pain, namely a pain management physician is, thus, indicated here. Therefore, the request is medically necessary.

Compound topical cream, EnovaRX cyclobenzapriene 2% 60mg tube: 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 topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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 concomitant usage of multiple first-line oral pharmaceuticals, including Tramadol, Flexeril, etc., 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.