

Case Number:	CM14-0072767		
Date Assigned:	06/30/2014	Date of Injury:	05/24/2000
Decision Date:	07/07/2015	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67-year-old who has filed a claim for chronic neck, mid back, and low back pain with derivative complaints of depression, anxiety, and alleged bipolar disorder reportedly associated with an industrial injury of May 24, 2000. In a Utilization Review report dated March 31, 2014, the claims administrator failed to approve a request for Norco, Flexeril, Naprosyn, and topical Terocin ointment. The claims administrator referenced a March 27, 2014 RFA form and February 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On September 9, 2013, the applicant reported multifocal complaints of low back, neck, mid back, and myofascial pain complaints with derivative complaints of depression, anxiety, and bipolar disorder. Naprosyn, Norco, Terocin, Flexeril, and Promolaxin were endorsed. 4/10 pain with medications versus 8-9/10 without medication was reported. Static positions made the applicant's pain complaints worse, it was reported. The applicant was no longer working and reportedly retired, it was stated. The applicant was having difficulty sleeping, it was further noted. On January 26, 2014, the applicant reported 9/10 pain without medications and 7/10 with medications. The applicant remained depressed. Multifocal pain complaints were reported. The applicant was again described as retired. Flexeril, Norco, Naprosyn, Promolaxin, and topical Terocin were endorsed. The applicant was using Zoloft and Xanax elsewhere, it was reported. On February 24, 2014, the applicant acknowledged that any prolonged activities made her pain worse. 8-9/10 pain without medications versus 5-6/10 pain with medications was reported. The applicant was currently retired and was no longer working, it was acknowledged. Flexeril, Norco, Naprosyn, Prilosec, and Terocin were endorsed. The

applicant was receiving Zoloft and Zanaflex elsewhere, it was reported. Ongoing depressive symptoms were evident. The attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work and had retired, it was acknowledged, whether as a result of age (67) or as a result of the industrial injury. While the attending provider stated that the applicant's medications were beneficial, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful and material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Naprosyn, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that continued usage of cyclobenzaprine at a rate of twice daily represented treatment in excess of "short course of therapy" for which cyclobenzaprine was recommended, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Non-steroidal Anti-inflammatory Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, 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 efficacy of medication into its choice of recommendations. Here, however, the applicant was off of work, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider did recount some reported reduction in pain scores affected as a result of ongoing medication consumption, the attending provider failed to outline evidence of meaningful, material, or substantive improvement in function effected as a result of ongoing Naprosyn usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Terocin Ointment, Body part neck, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed.

Decision rationale: Finally, the request for a topical Terocin lotion was likewise not medically necessary, medically appropriate, or indicated here. As noted by the National Library of Medicine (NLM), Terocin is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant to other treatments. Here, however, there is no clear or compelling evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.