

Case Number:	CM14-0074121		
Date Assigned:	07/16/2014	Date of Injury:	07/03/2012
Decision Date:	02/28/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 3, 2012. In a Utilization Review Report dated April 21, 2014, the claims administrator denied several topical compounded medications and denied acupuncture. The claims administrator modified a request for a medication management referral with a pain management physician to a follow-up visit with the applicant's current treating provider. The claims administrator contended that the applicant had already consulted other physicians who could potentially prescribe medications. A March 24, 2014 progress note was referenced in the determination. On March 27, 2014, the applicant was given prescriptions for Protonix, Fexmid, Ultram, Ambien, and Tylenol No. 3. Urine drug testing and a capsaicin-containing compound were endorsed, as was a flurbiprofen-containing compound. Multifocal complaints of neck, low back, and shoulder pain were noted. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On February 17, 2014, the applicant was placed off of work, on total temporary disability. Localized intense neurostimulation therapy and additional physical therapy were endorsed, along with follow-up visits and/or consultations with several providers. On January 12, 2014, the applicant was given prescriptions for Tylenol No. 3, Flexeril, Protonix, and several topical compounded medications. Multifocal complaints of neck pain, headaches, and low back pain were appreciated on this date. The applicant exhibited a visibly antalgic gait. Multiple progress notes interspersed throughout 2013 and 2014 were notable for comments that the applicant remained off of work, on total temporary disability. The applicant had received

various interventional spine procedures in the lumbar region in early 2014. On March 27, 2014, topical compounds, urine drug test, and a physician medication management consultation were endorsed while Protonix, Fexmid, Ultram, Ambien, Tylenol No.3 and several topical compounds were renewed. 6-7/10 pain was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Medication Consult.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 5, page 92

Decision rationale: No, the proposed medication consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, the provider initiating the request was an osteopathic physician (DO) who was/is licensed to prescribe medications. It was not clearly stated why the applicant's osteopathic physician was seeking a consultation for medication management purposes as medication management fell within his purview. Therefore, the request was not medically necessary.

Flurbiprofen 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 112.

Decision rationale: Similarly, the request for a flurbiprofen-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as flurbiprofen are recommended in the treatment of small joint arthritis and/or small joint tendinitis in regions amenable to topical application, such as the hands, wrists, elbows, etc., in this case, the applicant's primary pain generators are the cervical and lumbar spines. These are widespread regions which are not amenable to topical application, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Capsaicin 240gms: 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 Capsaicin Page(s): 28.

Decision rationale: Similarly, the capsaicin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Tylenol No. 3, tramadol, Fexmid, etc., effectively obviated the need for the capsaicin-containing compound at issue. Therefore, the request was not medically necessary.

Acupuncture, with Electric Stimulation.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for acupuncture with electrical stimulation was not medically necessary, medically appropriate, or indicated here. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request for open-ended acupuncture, by definition, runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.