

Case Number:	CM15-0007260		
Date Assigned:	01/26/2015	Date of Injury:	08/04/2009
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 12, 2009. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve requests for Nalfon, Protonix, Terocin, LidoPro lotion, and Flexeril. The claims administrator referenced an RFA form of December 20, 2014 and associated progress note of December 16, 2014 in its determination. The applicant's attorney subsequently appealed. On said December 16, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was not working and receiving both Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits, it was acknowledged. The applicant was using both Motrin and Voltaren gel, it was incidentally noted. At the bottom of the report, the attending provider stated that he was prescribing Motrin, Nalfon, Protonix, Terocin, LidoPro, and Flexeril while keeping the applicant off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories and NSAIDs Page(s): 23 & 64.

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

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not establish a role for concurrent usage of two separate NSAIDs, Motrin and Nalfon, both of which were prescribed on the December 16, 2014 progress note at issue. Therefore, the request was not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the applicant was/is concurrently using two separate NSAIDs, Motrin and Nalfon. Prophylactic usage of Protonix, thus, was indicated in the clinical context present here. Therefore, the request was medically necessary.

Terocin patches qty: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin and Topical NSAIDs Page(s): 28-29 & 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic. Page(s): 28. 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 "methyl salicylate, capsaicin, menthol, and lidocaine hydrochloride." However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that capsaicin, one of the ingredients in the compound at issue, is not recommended except 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 multiple first-line oral pharmaceuticals, including Nalfon, Motrin, etc., effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.

LidoPro lotion (4oz): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: LidoPro, per the National Library of Medicine, is an amalgam of "capsaicin, lidocaine, menthol, and methyl salicylate." As with the preceding request, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that capsaicin, the primary ingredient in the LidoPro amalgam, is not recommended except as a last-line agent, for applicants who have not responded to and/or are intolerant of other treatments. Here, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Nalfon, etc., effectively obviated the need for the capsaicin-containing LidoPro lotion at issue. Therefore, the request was not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 & 64.

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

Decision rationale: 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/is using a variety of other agents, including Nalfon, Voltaren gel, multiple topical compounds, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.