

Case Number:	CM15-0106720		
Date Assigned:	06/11/2015	Date of Injury:	01/02/2015
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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 36-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of January 2, 2015. In a Utilization Review report dated May 8, 2015, the claims administrator retrospectively denied requests for capsaicin and lidocaine patches apparently prescribed and/or dispensed on or around April 9, 2015. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of low back pain, knee pain, mid back pain with derivative complaints of depression, stress, anxiety, and weight gain. The applicant was not working, it was reported, and had not worked during approximately two and a half to three months, it was incidentally noted. Relafen, gabapentin, topical compounded medications, and eight sessions of chiropractic manipulative therapy were endorsed. The applicant was given work restrictions, although it did not appear that the applicant's employer was able to accommodate said limitations. The request for Relafen was framed as a first-time request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Relafen (Nabumetone) 750mg #60 for the service date 4/9/15:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for Relafen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Introduction of Relafen was, thus, indicated on or around the date in question, April 9, 2015, particularly in light of the fact that the attending provider reported that previously tried anti-inflammatories, including Motrin, had proven unsuccessful. Therefore, the first-time request for Relafen was medically necessary.

Retrospective request for #1 CM4 Capsaicin 0.05% and Cyclobenzaprine 4% 30 gm for the service date of 4/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-113; 28.

Decision rationale: Conversely, the request for a capsaicin-cyclobenzaprine containing topical compound was not medically necessary, medically appropriate, or indicated here. 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. Similarly, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical capsaicin is likewise not recommended except in applicants who have not responded to and/or intolerant of other treatments. Here, the applicant's usage of first-line oral pharmaceuticals such as Relafen effectively obviated the need for the capsaicin-cyclobenzaprine containing topical compound in question. Since one or more ingredients in the compound were not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.