

Case Number:	CM15-0149985		
Date Assigned:	08/13/2015	Date of Injury:	03/28/2007
Decision Date:	09/29/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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 31-year-old who has filed a claim for chronic shoulder, neck, and back pain with derivative complaints of psychological stress and anxiety reportedly associated with an industrial injury of March 28, 2007. In a Utilization Review report dated July 16, 2015, the claims administrator approved a request for Norco, failed to approve a topical compounded agent, and failed to approve a request for a transitional living program. The claims administrator referenced progress notes dated July 6, 2015 and July 10, 2015 in its determination. The claims administrator contended that the nature of the transitional living program was not clearly detailed or characterized. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant consulted a neurologist. The applicant was described as currently attending a brain injury program. The applicant continued to report issues with headaches, dizziness, anxiety, depression, memory loss, sleep disturbance, neck pain, and low back pain, it was reported. The applicant was under the care of multiple providers, it was reported. The applicant was using Wellbutrin, Norco, Ambien, Librax, losartan-hydrochlorothiazide, Xopenex, Levalbuterol, Laxacin, Genicin, and topical Terocin, it was reported. In an RFA form dated July 13, 2015, treatment via a transitional living center day treatment program with associated transportation was proposed. In an associated handwritten physician note dated July 7, 2015, the applicant's attending provider suggested that the applicant continued treatment via the transitional living center program. Little-to-no commentary was attached. In a team conference note dated July 6, 2015, it was acknowledged that the applicant was currently at home. It was stated that the applicant was a candidate for a comprehensive brain injury program for medication management, pain management, and rehabilitation purposes. The applicant had multifocal issues with neck pain, low back pain, shoulder pain, psychological stress, depression, and chronic pain, it was reported.

The applicant's medication list included Librax, Wellbutrin, losartan-hydrochlorothiazide, Fioricet, Ambien, Neurontin, Laxacin, Terocin, Xopenex, Genicin, Norco, and multiple topical agents. The applicant was described as having impaired memory, attention, and problem-solving skills. On July 10, 2015, the applicant's attending provider noted that the applicant had had essentially negative cervical and lumbar spine plain films as well as negative imaging studies of the brain. The applicant was described as having issues with memory problems. The applicant had issues with depression and anxiety linked to a mood disorder imputed to the industrial injury, it was reported. The applicant was asked to continue treatment via the transitional living center program. Childcare was sought for the applicant's daughter while he attended the program. A topical compound cream, Norco, and an ENT consultation were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLC (transition living center) program, 5 days a week (07/15/2015 - 08/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DeLisa's Physical Medicine and Rehabilitation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs) Page(s): 49 and 32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Cognitive skills retraining.

Decision rationale: No, the request for continued treatment via a transitional living center program at a rate of five days a week was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for the program in question, which was seemingly characterized as analogous to a functional restoration program. However, page 49 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. Here, however, the applicant's work status was not reported on the July 10, 2015 office visit in question, suggesting that the applicant was not, in fact, working. The applicant remained dependent on opioid agents such as Norco and anxiolytic medications such as Librax and barbiturate agents such as Fioricet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite earlier treatment via the program in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for pursuit of chronic pain program and functional restoration program is evidence that previous methods of treatment had proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, the applicant was described on the date in question, July 10, 2015, as having significant issues with anxiety, depression, and mood disturbance. It did not appear, however, that the applicant was using any antidepressants as of that point in time. It does not appear, thus, that treatment had been maximized outside of the functional restoration program/transitional living center program in question. While ODG's Head Chapter Cognitive Skills Retraining topic further notes that treatment for traumatic brain injuries needs to be guided by the applicant's real daily living needs and modified to fit the unique strengths and weaknesses of the applicant. Here, the attending provider did not, for all of the previously enumerated reasons, identify what the claimant's real needs were, how the claimant had profited from earlier treatment via the

program in question, and/or how (or if) the claimant could stand to gain from further treatment via the transitional living center program in question. Therefore, the request was not medically necessary.

TN1 cream Ketoprofen 12.5g, Lidocaine 6.25g, Ethoxy Diglycol 12.5ml, Versapro cream base 93.75g, (extra 5 grams made to account for loss in compounding): 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 Analgesics Page(s): 111 and 112.

Decision rationale: Similarly, the request for a Ketoprofen-Lidocaine containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound, is not FDA approved for topical application purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Norco, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.