

Case Number:	CM15-0188591		
Date Assigned:	09/30/2015	Date of Injury:	07/23/2014
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee, low back, and myofascial pain syndrome with derivative complaints of sleep disturbance and mood disorder reportedly associated with an industrial injury of July 23, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for melatonin, Motrin and Ultracin. The claims administrator referenced an RFA form received on August 14, 2015 and an associated progress note of August 13, 2015 in its determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing complaints of knee and lower extremity pain, collectively rated at 8/10. The applicant was using a cane to move about. The applicant reported difficulty climbing stairs and squatting. The applicant had superimposed issues with headaches and venous varicosities, it was reported. The applicant also reported limited sitting tolerance. The applicant's medication list included Motrin, melatonin, Norco, Prilosec, and topical Ultracin. The applicant exhibited a visibly antalgic gait. The applicant was asked to consult an orthopedist and employ acupuncture while remaining off of work, on total temporary disability. The attending provider stated that the applicant would continue Motrin and Norco. It was stated that the applicant was using omeprazole to alleviate GI symptoms associated with ibuprofen usage. The applicant was using melatonin for sleep disturbance, it was acknowledged, and felt that the same was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Melatonin 1mg, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine: <http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?id=35944>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Melatonin-receptor agonist.

Decision rationale: Yes, the request for melatonin, a sleep aid, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage, so as to manage expectations. Here, the attending provider stated that melatonin was being employed to ameliorate issues with sleep disturbance present as of the August 13, 2015 office visit at issue. The attending provider stated that melatonin had attenuated the applicant's complaints of sleep disturbance. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic also notes that melatonin is indicated for difficulty with sleep onset, is non-scheduled, has no abuse potential, and is supported for both short-term and long-term use purposes to decrease sleep latency. Continuing usage of the same was, thus, indicated, given the applicant's reportedly favorable response to the same. Therefore, the request is medically necessary.

Ibuprofen 800mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Conversely, the request for ibuprofen, an anti-inflammatory medication, was 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 ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that ongoing usage of ibuprofen (Motrin) had proven particularly profitable as of August 13, 2015. The applicant exhibited a visibly antalgic gait. The applicant was using a cane to move about. 8/10

pain complaints were noted. The applicant remained off of work, on total temporary disability. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Ultracin 0.025%/28%/10% lotion, 120ml tube with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/otc/121647/ultracin.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ULTRACIN- menthol, methyl salicylate and DailyMed, dailymed.nlm.nih.gov/dailyme/getFile.cfm?setid,95e2, ULTRACIN- menthol, methyl salicylate and capsaicin lotion.

Decision rationale: Finally, the request for a topical compounded Ultracin lotion was likewise was not medically necessary, medically appropriate, or indicated here. Ultracin, per the National Library of Medicine (NLM), is an amalgam of methol, methyl salicylate, and capsaicin. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the tertiary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Norco effectively obviated the need for the capsaicin component of the amalgam. Since the capsaicin component of the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.