

Case Number:	CM15-0209674		
Date Assigned:	10/28/2015	Date of Injury:	08/28/2013
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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 24-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 28, 2013. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve requests for Naprosyn, tramadol, and topical Terocin. The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 28, 2015, the applicant reported ongoing complaints of mid and low back pain, exacerbated by walking, sitting, and standing, the treating provider reported. The applicant was described as having completed physical therapy and manipulative therapy with "no improvement," the treating provider reported. The applicant reported difficulty lifting heavy articles. Flexeril, Ultracet, Naprosyn, and Prilosec were all seemingly endorsed. The treating provider framed the request as a first-time request for the same. The treating provider stated, towards the bottom of the note, that the applicant was, in fact, working. Massage therapy was sought. A historical note dated November 6, 2014 was also notable for commentary that the applicant had returned to work. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The most recent note on file was in fact dated August 26, 2015. Thus, the September 30, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg; qty 60; take 1 tab by mouth daily with breakfast and dinner: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Yes, the request for Naprosyn, an anti-inflammatory medication, was medically necessary, medically appropriate, or indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the request for Naprosyn was initiated for the first time on August 26, 2015. While it is acknowledged that the September 30, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the packet, the relatively recent nature of the request for Naprosyn, coupled with commentary made by the treating provider on August 26, 2015 to the effect that the applicant was intent on using his medications in conjunction with home exercises and in the context of the returning to and/or maintaining successful return to work status, did, in short, make a compelling case for the request in question. Therefore, the request was medically necessary.

Ultram 50mg; Qty 100; take 1 tab by mouth every 6 hours as needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise medically necessary, medically appropriate, or indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain, as was seemingly present here on an intermittent basis, per the treating provider's August 26, 2015 progress note. Tramadol was apparently introduced for the first time on that date. While it is acknowledged that the September 30, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the limited information on file in the form of the August 26, 2015 office visit did, however, suggest that introduction of tramadol was indicated to ameliorate the applicant's mid and low back pain complaints in the moderate-to-severe range. Therefore, the request was medically necessary.

Terocin 4-4% patches; Qty 30; apply 1 patch exremally as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROCIN-methyl salicylate, capsaicin, menthol <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%>.

Decision rationale: Finally, the request for topical Terocin patches was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary 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 concurrent usage of numerous first-line oral pharmaceuticals to include the Naprosyn and tramadol approved above effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.