

Case Number:	CM15-0215971		
Date Assigned:	11/05/2015	Date of Injury:	05/15/2012
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 15, 2012. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for cyclobenzaprine, LidoPro, and TENS unit patches, apparently prescribed and/or dispensed on or around September 14, 2015. The applicant's attorney subsequently appealed. On June 5, 2015, Naprosyn, Flexeril, and TENS unit patches were all seemingly endorsed. On handwritten progress note dated September 14, 2015, the applicant reported ongoing issues with chronic low back pain. The treating provider contended that the applicant's medications and the TENS units were beneficial in terms of attenuating the applicant's pain complaints, but did not seemingly elaborate further. A 20-pound lifting limitation was imposed while lumbar MRI imaging and orthopedic spine surgery follow up visit were recommended. It was not clearly stated whether the applicant was or was not working with said 20-pound lifting limitation. On a narrative report dated April 25, 2015, the treating provider stated that the applicant was working as a cashier and was receiving a regular paycheck. The applicant was working 38 hours a week, stated on this occasion. On October 20, 2015, the treating provider again noted that the applicant's pain medications essentially were attenuating the applicant's pain complaints. Naprosyn, Flexeril, and TENS unit patches were endorsed. It was stated the applicant was performing home exercises. The applicant was again given a 20-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg, #60 (DOS: 9/14/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, to include Naprosyn, LidoPro, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment 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.

Retrospective: Lidopro 121ml (DOS: 9/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation U.S. National Library Of Medicine, Label: Lidopro- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM) is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last line agent, for applicants who have not responded to are intolerant of other treatments. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals to include oral Naprosyn effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Retrospective: TENS patches x2 pairs (DOS: 9/14/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Finally, the request for two TENS unit patches was medically necessary, medically appropriate, or indicated here. As noted on page on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of the TENS unit on a purchase basis and, by implication, provision of associated supplies such as the patches at issue is predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcome present in terms of both pain relief and function. Here, the applicant's successful return to work, the treating provider reports of analgesia effected as a result of the TENS unit and the treating provider's commentary to the effect that the applicant's ability to maintain a home exercise program had been facilitated as a result of TENS unit and/or medication usage, taken together, constituted prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing TENS unit usage. Provision of the associated patches was, thus, appropriate here. Therefore, the request was medically necessary.