MAXIMUS Federal Services

Case Number:	CM15-0046064		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2011
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 31, 2011. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve requests for Norco, tramadol, Prilosec, and topical Terocin lotion while apparently approving a request for Naprosyn. An RFA form received on January 14, 2015 was referenced in the determination. The claims administrator seemingly suggested that the denial represents retrospective denial of medications prescribed and/or dispensed in late 2012. The applicant's attorney subsequently appealed. In a progress note dated February 28, 2014, the applicant reported ongoing complaints of low back and knee pain. Several topical compounded medications, Flexeril, Naprosyn, Norco, and Protonix were prescribed and/or dispensed. The applicant's work status was not detailed. No discussion of medication efficacy transpired. There was no mention that the applicant was having any issues of reflux, heartburn, and/or dyspepsia as of this point in time. In a progress note dated December 22, 2012, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back with ancillary complaints of knee pain, psychological stress, anxiety, depression, and sleep disturbance. The applicant was asked to continue a multimodality transcutaneous electrotherapy device, and employ unspecified medications. No discussion of medication efficacy transpired. On December 3, 2012, the applicant was given prescriptions for Norco, Naprosyn, Prilosec, tramadol, and Terocin, again without any discussion of medication efficacy. In a neurosurgical consultation dated December 21, 2012, it was acknowledged that the applicant was off of work and had not worked since

March 2011. The applicant is asked to consider surgical intervention for the lumbar spine. The attending provider noted that the applicant's pain complaints were severe and preventing the applicant from performing prolonged standing and/or walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Hydrocodone/APAP 10/325mg, #60 (Dispensed 12/31/2012 by [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant's pain complaints were severe as of that point in time. The applicant had difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Retrospective: Tramadol HCL 50mg, #60 (Dispensed 12/03/2012 and 12/31/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. Severe complaints of low back pain were evident on or around the date of the request. The applicant professed difficulty performing activities of daily living as basic as standing and walking, despite ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Retrospective: Omeprazole 20mg, #60 (Dispensed 12/31/2012 by [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above.

Retrospective: 1 Terocin Lotion 240ml (Dispensed 12/03/2012-12/31/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ACOEM, National Guidelines Clearinghouse and National institute of Health PubMed revealed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROCIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources ... Label: TEROCIN-methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

Decision rationale: Similarly, the request for topical Terocin lotion was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, capsaicin, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant to other treatments. Here, however, there is no mention of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin lotion in question. Therefore, the request was not medically necessary.