

Case Number:	CM15-0054501		
Date Assigned:	03/27/2015	Date of Injury:	06/27/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 reportedly associated with an industrial injury of June 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; epidural steroid injection therapy; and work restrictions. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Tylenol with Codeine and a ketoprofen-containing topical compound. The claims administrator referenced a February 5, 2015 progress note in its determination. The applicant attorney subsequently appealed. In a progress note dated February 5, 2015, the applicant reported ongoing complaints of low back, hip, and shoulder pain, 7-9/10. The applicant was pending medial branch blocks. The applicant had developed derivative complaints of depression, it was acknowledged. The applicant stated that her pain scores were reduced from 9/10 without medications to 7/10 with medications. The applicant was using both Tylenol No. 3 and Norco, it was acknowledged, in addition to Norflex and a capsaicin-ketoprofen containing topical compound. The applicant reported issues with sleep disturbance secondary to pain. The applicant stated that standing, walking, and/or twisting movements remained problematic. The applicant had not worked in several years, since July 2011. Multiple medications were refilled. Medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/30mg #180: Upheld

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

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

Decision rationale: No, the request for Tylenol with Codeine, 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, it was acknowledged above. The applicant had not worked since July 2011, it was further noted. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and twisting, despite ongoing Tylenol with Codeine 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.

CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Similarly, the request for a ketoprofen-containing topical compound 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 secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compounds carrying unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.