MAXIMUS Federal Services

Case Number:	CM14-0115486		
Date Assigned:	09/16/2014	Date of Injury:	02/13/2013
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 13, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; a lumbar support; and extensive periods of time off of work, on total temporary disability.In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for oral ketoprofen, omeprazole, Norflex, orphenadrine, capsaicin cream, and Salonpas patches.The applicant's attorney subsequently appealed.In an August 4, 2014 Medical-legal Evaluation, it was acknowledged that the applicant was no longer working as a special education teacher. The applicant had not worked since February 27, 2013, it was acknowledged. The applicant was using Tylenol, Motrin, orphenadrine, and Salonpas, it was stated, along with some other topical compounded ointments, it was stated.In a June 29, 2014 progress note, the applicant reported persistent complaints of low back pain. It was acknowledged that the applicant had not significantly improved since the preceding visit. Frequent mild-to-moderate low back pain and moderate headaches were reported. The applicant was given permanent work restrictions and an 11% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg cap #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22,7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ketoprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline how ongoing usage of ketoprofen has been beneficial. The applicant continues to report frequent complaints of low back pain. The applicant is off of work. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing ketoprofen usage. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Omeprazole Dr 20mg cap #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention or discussion of issues with reflux, heartburn, and/or dyspepsia in any of the progress notes cited above. Therefore, the request is not medically necessary.

Orphenadrine Er 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic. Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are recommended with caution for short-term use purposes, for acute exacerbations of chronic low back pain. By implication, then, the 60-tablet, two-refill supply of orphenadrine (Norflex), thus, runs counter to MTUS principles

and parameters as it implies chronic, long-term, and scheduled usage of the same. This is not an MTUS-endorsed role for orphenadrine, a muscle relaxant. Therefore, the request is not medically necessary.

Capsaicin 0.1% cream with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic. Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is recommended only in applicants who have not responded to or are intolerant of other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the topical capsaicin patches at issue. Therefore, the request is not medically necessary.

Salonpas patch with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic. Page(s): 105,7.

Decision rationale: Salonpas is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of salicylate topicals such as Salonpas in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has failed to clearly outline how ongoing usage of Salonpas patches has proven beneficial here. The applicant remains off of work. The applicant remains highly reliant and highly dependent on several other oral and topical agents. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Salonpas patches at issue. Therefore, the request is not medically necessary.