

Case Number:	CM14-0123479		
Date Assigned:	09/24/2014	Date of Injury:	04/13/2008
Decision Date:	10/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 July 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; muscle relaxants; adjuvant medications; lumbar radiofrequency ablation procedures; supplemental testosterone; and earlier knee surgery. In a Utilization Review Report dated July 1, 2014, the claims administrator failed to approve a request for manipulative therapy, approved a request for Norco, approved a request for tramadol, approved a request for Protonix, approved a request for Naprosyn, denied a request for Terocin, denied a request for LidoPro, and denied a request for Flexeril. The claims administrator stated that the applicant had retired, in one section of the note. The claims administrator suggested that the applicant had already completed 48 cumulative sessions of physical therapy over the course of the claim. The applicant's attorney subsequently appealed. In an August 7, 2014 progress note, the applicant was described as employed full time as a [REDACTED] police officer. Persistent complaints of low back pain were noted. The attending provider posited that AndroGel was benefitting the applicant. A variety of medications were refilled, including AndroGel and Neurontin. The applicant was asked to pursue a radiofrequency rhizotomy procedure. In a July 11, 2014 progress note, the applicant reported persistent complaints of low back and knee pain. On this occasion, it was stated that the applicant was not working. The applicant presented to obtain medication refills. It was stated that the applicant had elements of depression. Norco, Desyrel, and Neurontin were renewed. On May 16, 2014, the applicant was described as having persistent complaints of knee, shoulder, and wrist pain with derivative complaints of sleep disturbance, depression, and psychological stress. The applicant was described as not currently working and

having reportedly retired, at age 56. Norco, Terocin, Protonix, Flexeril, Naprosyn, LidoPro, and permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic X 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic MTUS 9792.20f. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, the applicant has seemingly failed to return to work, although it is acknowledged that this may be a function of age (56-57) as opposed to a function of the industrial injury. Nevertheless, the attending provider has failed to outline any material improvements in function achieved as a result of earlier manipulative therapy. The fact that the applicant has permanent work restrictions in place, seemingly unchanged, from visit to visit, coupled with the fact that the applicant remains highly dependent on various opioid, nonopioid, and topical agents, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

Terocin Patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. MTUS 9792.20f. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are considered "largely experimental," to be employed for neuropathic pain in applicants in whom trials of antidepressant and/or anticonvulsant medications have been attempted and/or failed. In this case, the applicant has already received and has been using the Terocin patches at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Terocin. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly dependent on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Terocin. Therefore, the request is not medically necessary.

Lidopro Lotion 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. MTUS 9792.20f. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro are considered "largely experimental." In this case, the applicant has already received the LidoPro lotion at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of LidoPro. The applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly dependent on opioid agents such as tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of LidoPro. Therefore, the request is not medically necessary

Flexeril #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.