

Case Number:	CM14-0181795		
Date Assigned:	11/06/2014	Date of Injury:	11/27/1984
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 November 27, 1984. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated October 7, 2014, the claims administrator partially approved a request for Fioricet, denied naproxen, denied Prilosec, and denied Dendracin. The applicant's attorney subsequently appealed. In a progress note dated May 22, 2014, the applicant's work status was described as "unchanged." The applicant was asked to continue permanent work restrictions for ongoing complaints of low back pain. The applicant was using a cane to move about and was still having difficulty doing so. Limited range of motion was noted. Zanaflex, Vicodin, Fioricet, and Dendracin were refilled. The attending provider stated that medications were beneficial but did not elaborate or expound upon the benefits achieved as a result of the same. In a July 2, 2014 progress note, the applicant reported ongoing complaints of low back pain, spasm, and discomfort. Radiation was pain was noted from the low back to the left leg. Permanent work restrictions were renewed, along with Fioricet and Dendracin. On July 15, 2014, the applicant received trigger point injection. The applicant was given a diagnosis of failed back syndrome. On October 6, 2014, the attending provider stated that the applicant was reporting appropriate analgesia with pain medications and acupuncture. The applicant was given diagnosis of failed back syndrome, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg 1-2 Q4-6H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics topic Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are "not recommended" in the chronic pain context present here, owing to high potential for drug dependence. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Anaprox 550mg BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management s.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made 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. Here, however, the applicant does not appear to be working. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as Vicodin and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen (Anaprox). Therefore, the request is not medically necessary.

Prilosec 20mg QD #60: Upheld

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

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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file, referenced above, contained no references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Dendracin lotion apply BID 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=77199c68-4209-4ffa-84f0-2ab0103dbce9> DENDRACIN NEURODENDRAXCIN- methyl salicylate, menthol and capsaicin lotion ACTIVE INGREDIENTS Methyl Salicylate 30% Capsaicin 0.0375% Menthol USP 10% National Library of Medicine (NLM), Dendracin Medication Guide.

Decision rationale: Dendracin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, one of the ingredients in the compound, is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no explicit mention 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 capsaicin-containing Dendracin lotion at issue. Therefore, the request is not medically necessary.