

Case Number:	CM14-0099022		
Date Assigned:	09/16/2014	Date of Injury:	06/17/2013
Decision Date:	10/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 cumulative trauma at work between the dates of June 17, 2012 through June 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; TENS unit; lumbar support; unspecified amounts of physical therapy; 12 sessions of manipulative therapy, per the claims administrator; and 12 sessions of acupuncture, per the claim administrator. In a Utilization Review Report dated June 9, 2014, the claims administrator retrospectively approved request for Norco and Norflex while retrospectively denying Menthoderm and Naprosyn. The applicant's attorney subsequently appealed. In a June 10, 2014, appeal letter, the attending provider also appealed the decision to deny the request, citing a variety of MTUS and non-MTUS Guidelines, including Third Edition ACOEM Guidelines. In a request for authorization, dated May 23, 2014, the attending provider retrospectively sought authorizations for medication dispensed in the office setting on May 5, 2014. In the May 5, 2014 office visit, the applicant had apparently presented for an initial spine surgery consultation. The applicant reported persistent complaints of low back pain radiating to the right lower extremity, exacerbated by sitting, standing, walking and bending. It was stated that the applicant was working on a part-time basis, four hours per day. A qualitative drug screen was performed. The applicant was asked to continue working on a part-time basis. Naprosyn, Menthoderm, Norco, and Norflex were apparently dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Anaprox-DS 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 67, 73.

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

Decision rationale: The request in question represented a first time request for Naprosyn, apparently dispensed on the applicant's first office visit with her spine surgeon on May 5, 2014. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Anaprox (Naprosyn) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. Introduction/provision of Naprosyn was indicated on the date in question. Therefore, the request was medically necessary.

Retrospective: Menthoderm Ointment 120ml:

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 Salicylate Topicals topic Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, Salicylate topical such as Menthoderm are "recommended" in the treatment of chronic pain, as was present here on or around the date in question, May 5, 2014. Therefore, the first request for Menthoderm was medically necessary.