

Case Number:	CM14-0214965		
Date Assigned:	01/26/2015	Date of Injury:	06/14/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Ohio, 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 represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 14, 2011. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for a pain management followup visit, Naprosyn, Prilosec, and an orthopedic consultation. The claims administrator referenced an October 23, 2014 progress note in its determination. Followup office visits were approved. The claims administrator stated some of its denials, including the Naprosyn denial, represented conditional denials based on lack of supporting information. The claims administrator referenced an October 23, 2014 progress note and/or RFA form in its determination. The applicant attorney subsequently appealed. In a December 18, 2014 RFA form, authorization was sought for epidural steroid injection therapy. In an associated progress note dated December 18, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Tylenol No. 3, Naprosyn, Motrin, and Prilosec. The attending provider suggested that the applicant was alternating Naprosyn and/or Motrin. Permanent work restrictions were renewed. The attending provider reiterated request for an epidural steroid injection. It did not appear that the applicant was working with said permanent limitation in place. In a progress note dated October 23, 2014, the applicant reported persistent complaints of low back pain, 7/10, with associated radiating pain to the right leg. The applicant had completed 24 sessions of physical therapy. The attending provider suggested that the applicant was working regular duty. The attending provider posited that the applicant analgesic medications, including Naprosyn, were generating appropriate analgesia and were

allowing the applicant to continue working. Naprosyn, Norco, Neurontin, and Tylenol No. 3 were endorsed. In a progress note dated September 10, 2014, the attending provider again reiterated that the applicant was working full-time; despite ongoing complaints of low back and leg pain status post multiple prior foot and ankle surgeries. Neurontin, Norco, Pamelor, and Naprosyn were renewed. Epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4-Caps 0.05% and cyclo 4%: 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.

Decision rationale: The capsaicin-cyclobenzaprine topical compound was not medically necessary, medically appropriate, or indicated here. The CM4-capsaicin-cyclobenzaprine topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant ongoing usage of numerous first-line oral pharmaceuticals, including Neurontin, Norco, Pamelor, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental compound at issue. Therefore, the request was not medically necessary.

Naproxen Sodium ER #120: Overturned

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.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, ant inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. The applicant, per the treating provider, has demonstrated a favorable response to ongoing usage of Naprosyn as evinced by a successful return to and maintenance of regular duty work status. The attending provider has further suggested that the applicant is deriving appropriate analgesia with ongoing Naprosyn usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

