

Case Number:	CM14-0219324		
Date Assigned:	01/09/2015	Date of Injury:	03/31/2013
Decision Date:	03/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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 a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of March 31, 2013. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve request for a trigger point injection, Toradol injection, Norco, Prilosec, Flexeril, and several topical compounded medications while approving a urinalysis and an orthopedic re-evaluation. The claims administrator referenced a progress note of October 24, 2014 in its determination. The applicant's attorney subsequently appealed. On said October 24, 2014 progress note, the applicant reported ongoing complaints of low back pain, reportedly severe. Limited lumbar range of motion was appreciated on exam. The applicant was given an intramuscular injection of Toradol. The applicant was given diagnoses of herniated lumbar intervertebral disk and chronic left knee pain status post earlier left knee surgery. The applicant was given prescriptions for Norco, omeprazole, and Flexeril. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's medications were beneficial but declined to elaborate further. It was suggested (but not clearly stated) that the applicant was using omeprazole for stomach upset. In a November 17, 2014 progress note, the applicant reported persistent complaints of low back and left knee pain, 9/10. The applicant was given an antalgic gait. The applicant was using a cane. The applicant was given an intramuscular injection of Depo-Medrol and Kenalog on this occasion. Norco, Flexeril, and topical compounds were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The applicant's continued complaints of difficulty performing activities of daily living as basic as standing and walking likewise do not make a compelling case for continuation of opioid usage, particularly when viewed in the face of the applicant's severe low back and left knee pain evident on office visit of November 17, 2014 and October 24, 2014. Therefore, the request was not medically necessary.

Omeprazole 20mg #60 with 2 refills: Overturned

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: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia evident on the October 24, 2014 office visit on which omeprazole was introduced. Therefore, the request was medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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 (Flexeril) to other agents is not recommended. Here,

the applicant was/is using a variety of other agents, including Norco and several topical compounds which are also the subject of dispute. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20%/Baclofen 2%/ Cyclobenzaprine 2%/ Gabapentin 6%/ Lidocaine 2% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is 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. Therefore, the request was not medically necessary.

Flurbiprofen 12%/ Baclofen 2%/ Gabapentin 6%/ Lidocaine 2% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purpose. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Intramuscular injection of Toradol to left knee #1 DOS 10/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Ketorolac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Ketorolac/Toradol section Page(s): 72.

Decision rationale: As noted on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines, oral ketorolac or Toradol is not recommended for minor or chronic painful conditions. By analogy, intramuscular Toradol is likewise not recommended for minor or chronic painful conditions. Here, the attending provider did seemingly employ injectable Toradol for chronic pain complaints. The applicant received an injection of intramuscular Toradol on an office visit of October 24, 2014 and went on to receive a Depo-Medrol intramuscular injection on a subsequent office visit of November 17, 2014. Usage of injectable Toradol for chronic pain complaints, thus, was not in-line with usage espoused on page 72 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Trigger point injection to low back #1 DOS 10/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was/is present here. The applicant reported ongoing complaints of low back pain radiating into left leg, 9/10, on November 17, 2014, and reported complaints of low back pain radiating into the bilateral lower extremities on October 24, 2014. The applicant's primary operating diagnosis, thus, was, in fact, lumbar radiculopathy. Usage of trigger point injections was not, thus, indicated in the lumbar radiculopathy context present here. Therefore, the request was not medically necessary.