

Case Number:	CM15-0013790		
Date Assigned:	02/02/2015	Date of Injury:	07/27/2013
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/23/2015

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 low back pain reportedly associated with an industrial injury of July 27, 2013. In a Utilization Review Report dated December 26, 2014, the claims administrator failed to approve a request for Dendracin, Promolaxin, Duragesic, TENS unit electrodes, and a transport rollator to the low back. The claims administrator referenced a progress note of November 24, 2014 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated December 29, 2014, the attending provider stated that he was seeking authorization for a combination of walker-wheelchair or rollator device owing to the applicant's ongoing complaints of severe low back pain making it difficult for the applicant to stand and walk. The applicant was only 55 years old, it was acknowledged as of the date of the request. The attending provider suggested that the applicant also had issues with lower extremity weakness. TENS unit electrodes were endorsed. The attending provider stated that the applicant was using a TENS unit frequently and also suggested that the applicant's usage of the TENS unit was ameliorating her ability to stand and walk. The attending provider suggested that the applicant continue with Duragesic. The applicant's work status was not stated. The attending provider went on to appeal previously denied topical Dendracin lotion. In a December 22, 2014 progress note, the applicant reported persistent complaints of low back pain, hip pain, lower extremity numbness, lower extremity weakness, neck pain, and upper extremity numbness/weakness. The applicant had issues with constipation brought on by opioid medication usage. The applicant was asked to continue Duragesic, tramadol, Cymbalta, and a TENS unit. The transport rollator device was

endorsed. The attending provider stated that the applicant's pain complaints were dropped from 9/10 without medications to 7-8/10 with medications. Medical transportation to and from appointments was recommended on the grounds that the applicant's husband, family members, and friends were unable to assist her with transportation. It was stated that the applicant's extreme pain was making it difficult for her to drive. The attending provider also suggested that the applicant continue Cymbalta for her anxiety and depression. The attending provider suggested that the applicant continue using the TENS unit. The attending provider again stated that the applicant needed a walker to move about. The attending provider suggested that the applicant receive a convertible walker device to allow the applicant to alternate walking and standing. The attending provider stated that the applicant had diffuse muscular weakness about the legs, seemingly a function of pain. The applicant was described as well developed and well nourished in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl transdermal patch 25mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20,.

Decision rationale: 1. No, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 seemingly off of work, it was suggested on multiple progress notes, referenced above. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing opioid usage. While the attending provider did identify some reduction in pain scores from 9/10 without medications to 7-8/10 with medications, this appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to work and the attending provider's failure to identify any meaningful or material improvements in function effected as a result of ongoing fentanyl usage. The applicant was, it is incidentally noted, described on December 22, 2014 as having difficulty performing even the most basic activities of daily living, including sitting, bending, lifting, twisting, pushing, pulling, standing, etc. All of the foregoing, taken together, did not make a compelling case for continuation of fentanyl. Therefore, the request was not medically necessary.

Promalaxin 100mg #100: 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 3) Initiating Therapy Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792..

Decision rationale: 2. Conversely, the request for Promolaxin, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the applicant was using Duragesic, an opioid agent, and was, furthermore, seemingly experiencing actual symptoms of constipation with the same, it was suggested on December 22, 2014. Concurrent usage of a laxative agent, Promolaxin, was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Dendracin lotion 120ml: 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 Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9. Decision based on Non-MTUS Citation DailyMed - DENDRACIN NEURODENDRAXCIN- methyl ... dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=77199c68-4209... Label: DENDRACIN NEURODENDRAXCIN- methyl salicylate, menthol and capsaicin lotion.

Decision rationale: 3. The request for Dendracin lotion, conversely, was not medically necessary, medically appropriate, or indicated here. Dendracin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, Menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was/is no clear or compelling evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Dendracin compound at issue. Therefore, the request is not medically necessary.

TENS unit electrodes #24: 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 Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 4. Similarly, the request for TENS unit electrodes was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial and, by implication, provision of associated supplies such as the electrodes at issue should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. Here, the applicant's continued reports of severe pain, in

the 7-9/10 range, dependence on opioid agents such as Duragesic, and difficulty performing activities of daily living as basic as sitting, standing, and walking, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TENS unit at issue. Therefore, the request for provision of associated supplies in the form of the TENS unit electrodes was not medically necessary.

One (1) transporter rollator to low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: 5. Finally, the proposed transporter rollator device for the low back was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, making every effort to maintain an applicant at maximum levels of activity, including work activities, is recommended. Here, the attending provider seemingly suggested that the applicant be afforded access to the rollator-walker device on the grounds that the applicant is having ongoing issues with and complaints of low back pain, exacerbated by standing and walking activities. It does not appear that the applicant has a significant functional mobility deficit. The applicant was only 55 years old. It has not been clearly established why the applicant needs walker/rollator device to move about on a day-to-day basis. Provision of the rollator walker device would run counter to the philosophy espoused on page 301 of the ACOEM Practice Guidelines as it would ultimately result in reducing the applicant's overall levels of activity. Therefore, the request was not medically necessary.