

Case Number:	CM15-0014200		
Date Assigned:	02/02/2015	Date of Injury:	02/03/2004
Decision Date:	03/26/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/26/2015

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 3, 2004. In a Utilization Review Report dated December 13, 2014, the claims administrator failed to approve a request for Nalfon, Prilosec, Ultram, several topical compounded medications, and Norco. The claims administrator referenced December 8, 2014, progress note in its determination. The applicant's attorney subsequently appealed. In a January 12, 2015, progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant is having difficulty performing activities of daily living as basic as sitting, standing, twisting, and walking. The applicant was asked to continue using and/or was given refills of Nalfon, Flexeril, Prilosec, tramadol, Neurontin, Norco and several topical compounded medications. Lumbar MRI imaging was endorsed while the applicant was kept off of work, on total temporary disability. It was suggested that Prilosec was being employed for gastric protective effect as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: No, the request for Nalfon, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Nalfon do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation, is however, 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 was/is off of work, on total temporary disability, despite ongoing usage of Nalfon. Ongoing usage of Nalfon has failed to curtail the applicant's dependence on opioids agents such as tramadol and Norco. The applicant continued to report difficulty performing activities of daily living as basic as bending, twisting, sitting, standing, walking, on January 12, 2015, despite ongoing usage of Nalfon. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Nalfon. Therefore, the request was not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitors (PPI) Prilosec (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on January 12, 2015, that the Prilosec was being employed for gastric protective effect as opposed to combat actual symptoms of reflux. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not 65 years of age and using NSAIDs (age 43), is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, and does not have a history of previous GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Ultram 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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.

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise 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, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol (Ultram). The applicant is having difficulty performing activities of daily living as basic as sitting, standing, bending, twisting, despite ongoing usage tramadol (Ultram). The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain achieved as a result of the same. Therefore, the request is not medically necessary.

Flurbiprofen 25%/Menthol 10%/ Camphor 3%/ Capsaicin 0.0375% Topical cream 120gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 979.

Decision rationale: Similarly, the request for a flurbiprofen containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen are recommended in the treatment of small joint arthritis and/or small joints tendonitis, including areas such as the knees or elbows. Here, however, the applicant's primary pain generators are the spine, i.e., widespread areas which are likely unamenable to topical applications. Therefore, the request is not medically necessary.

Flurbiprofen 25/ Menthol 10%/ Camphor 3%/ Capsaicin 0.0375% topical cream 120gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 979.

Decision rationale: Similarly, the request for a flurbiprofen containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as flurbiprofen are recommended in the treatment of small joint arthritis and/or small joints tendonitis, including areas such as the knees or elbows. Here, however, the applicant's primary pain generators are

the spine, i.e., widespread areas which are likely unamenable to topical applications. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

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.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise 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, however, the applicant was/is off of work, on total temporary disability, it was acknowledged on January 12, 2015. The applicant reported difficulty performing activities of daily living as basic as standing, walking, twisting and bending on that date. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing usage. Therefore, the request was not medically necessary.