

Case Number:	CM15-0072087		
Date Assigned:	04/22/2015	Date of Injury:	07/14/2006
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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, New York, 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 14, 2006. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for Norco, Motrin, and topical Biofreeze gel. A progress note of March 12, 2015 and associated RFA form of March 17, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form of March 17, 2015, Norco, Cymbalta, Motrin, and Biofreeze gel were endorsed. In an associated progress note dated March 12, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant was status post multiple epidural steroid injections, it was acknowledged. The applicant had also used a TENS unit. The applicant's medications included Norco, Motrin, Cymbalta, Biofreeze, it was reported. The applicant was obese, with height of 5 feet and 9 inches and weight of 228 pounds. The applicant was off of work and had not worked since 2010, the treating provider acknowledged. The note was very difficult to follow, mingled historical issues with current issues. Multiple medications were renewed and/or continued. Permanent work restrictions were renewed. The applicant's pain complaints were scored at 8/10. Little-to-no discussion of medication efficacy transpired. In an earlier note dated January 15, 2010, it was again acknowledged that the applicant was off of work and had not worked since 2010. The applicant reported 8/10 pain on this date. Issues with chronic pain and depression were evident. The applicant was asked to continue Motrin, Cymbalta, Biofreeze gel, and Norco. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-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, however, the applicant was off of work, despite ongoing Norco usage, it was reported on multiple progress notes of early 2015, referenced above. The applicant had not worked since 2010, it was further noted. The applicant continued to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or meaningful commentary or improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Mortin 800mg Qty Unspecified: Upheld

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

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

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, and indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first-line 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 off of work, despite ongoing Motrin usage. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider renewed the applicant's permanent work restrictions on each 2015 progress note, referenced above. The applicant was not working with said permanent limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Motrin usage. Therefore, the request is not medically necessary.

Biofreeze Topic Unspecified: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Biofreeze cryotherapy gel.

Decision rationale: Finally, the request for topical Biofreeze gel was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints. The Biofreeze gel in question represents a simple, low-tech, non-prescription topical cooling agent which, per ODG's Low Back Chapter Biofreeze topic, is "recommended" and can take the place of ice packs. Continued usage of Biofreeze gel, thus, was indicated, given its low risk, inexpensive cost, and non-prescription nature. Page 67 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted, does recommend non-prescription agents such as the Biofreeze gel in question. Therefore, the request was medically necessary.