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| Case Number: | CM14-0151308 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 07/02/2012 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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, neck, and hip pain reportedly associated with an industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier hip arthroscopy; unspecified amounts of physical therapy; opioid therapy; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for capsaicin, flurbiprofen, tramadol, and Tabradol. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported persistent complaints of low back and left hip pain. The applicant was on Norco, Naprosyn, and Prilosec, it was acknowledged. It was stated that the applicant had derivative complaints of depression. Electrodiagnostic testing of the lower extremities was sought. The applicant was described as having had a urine drug screen, which was positive for marijuana on July 21, 2014. There was no discussion of medication efficacy. There was no explicit discussion of medications efficacy on this occasion. On July 21, 2014, the applicant was again described as using Norco and Naprosyn. Ongoing complaints of low back pain were reported. The applicant's work status was not furnished. On June 27, 2014, the applicant was placed off of work, on total temporary disability, while additional physical therapy was sought. In a July 11, 2014 progress note, the applicant again presented with multifocal hip, low back, and mid back pain. The applicant was given a variety of topical compounds, oral suspensions, and dietary supplements, including cyclobenzaprine, tramadol, flurbiprofen, capsaicin, and others. The applicant was placed off of work, on total temporary disability, for an additional one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol (Cyclobenzaprine, Methylsulfonylmethane): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for 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 is not medically necessary.

Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent in applicants who have not responded to or are intolerant of other treatments. In this case, the applicant's ongoing usage of several first line oral pharmaceuticals, including Norco, Naprosyn, etc., effectively obviates the need for topical capsaicin. Therefore, the request is not medically necessary.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 70,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as flurbiprofen 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 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 "other medications" into his choice of recommendations. In this case, the prescribing provider furnished the applicant with a prescription for flurbiprofen while the applicant's secondary treating provider was concurrently

furnishing the applicant with a prescription for another NSAID, Naprosyn. No rationale for selection and/or ongoing usage of two separate NSAIDs was furnished here. Therefore, the request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants obtain prescriptions for opioid from a "single practitioner." In this case, the applicant is, in fact, seemingly using two separate short acting opioids, Norco and tramadol. The applicant is, furthermore, obtaining the tramadol from one prescriber and, furthermore, seemingly obtaining Norco from the other prescriber. The request, thus, does not conform to MTUS parameters. Therefore, the request is not medically necessary.