

Case Number:	CM13-0009405		
Date Assigned:	09/16/2013	Date of Injury:	03/11/2005
Decision Date:	01/24/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 63-year-old gentleman who injured his low back in a work related accident on 03/11/05. The requests in the case date back to medications that were prescribed on 04/23/13. The clinical record of that date documented follow-up for chronic low back complaints with the claimant reporting that any movement of the back causes "significant pain". Formal physical examination at that time showed slightly positive bilateral straight leg raising with restricted voluntary motion of the lumbar spine. A lumbosacral brace was provided at that date as well as a gel pack for the brace to help reduce pain and spasm. Medications renewed at that time included Ketoprofen, Hydrocodone/Ibuprofen, Hydrocodone/Acetaminophen, and Omeprazole. Available records were not inclusive of imaging reports and or documentation as to the nature of conservative care provided since the time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen 7.5/200 mg, 1 tablet every 4-6 hours as needed for pain, #240 dispensed 4/23/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-820.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines the medication Hydrocodone/ibuprofen also would not be indicated. Records do not indicate the need for two nonsteroidal medications and two short acting analgesics. Furthermore, no documentation of benefit with analgesics is noted. MTUS Guidelines in regards to discontinuation of opioids indicates that it should occur if no significant benefit is being obtained. In absence of other forms of treatment, a current working diagnosis, or imaging to support continued need for short acting analgesics the use of this medication would not be indicated retroactively to 04/23/13.

Hydrocodone/Acetaminophen, 10/325 mg, 1 tablet every 4-6 hours as needed for pain, # 60 dispensed 4/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Hydrocodone/acetaminophen would not be indicated. As stated above, Guideline criteria would indicate discontinuation of short acting analgesics if no documentation of significant benefit is noted. Once again, taking into account the lack of documentation of a working diagnosis, prior conservative measures, imaging, or other forms of care the continued role of this short acting analgesic and acetaminophen would not be indicated.

Ketoprofen 75 mg, 1 tablet twice a day with meals, #180, dispensed 4/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Based on California MTUS, Chronic Pain Medical Treatment Guidelines the continued role of Ketoprofen, a nonsteroidal medication would not be indicated. The records at this time fail to demonstrate acute flare of claimant's symptomatic finding and fail to demonstrate significant benefit with current medication regimen. Medications being prescribed to the claimant include two forms of short acting opioid analgesics, one with ibuprofen and one with acetaminophen. The role of a second anti-inflammatory agent, absent documentation of significant functional benefit, would not be indicated. Guideline criteria indicate in regards to nonsteroidal medications that they should be used for the shortest frequency and lowest dose possible to demonstrate benefit. Given the fact that the claimant is now eight years from injury

with no documentation of benefit, imaging, current diagnosis, or other forms of conservative care the continued role of this agent would not be indicated.

Omeprazole 20 mg, 1 capsule twice a day, #180 dispensed 4/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of Omeprazole would not be indicated. Omeprazole is a proton pump inhibitor. Guideline criteria indicate the role of a gastrointestinal (GI) risk factor would need to be present prior to prescribing the above medication. In this case, the claimant is with no documentation of positive GI risk factor per California MTUS Chronic Pain Medical Treatment Guidelines to support its current use. While the claimant is also currently taking Ketoprofen as well as Hydrocodone/ibuprofen, these medications are also not indicated at present. The absence of documentation of use of a nonsteroidal agent then at present would also negate the role of this proton pump inhibitor without documentation of supportive GI risk factor or diagnosis.