

Case Number:	CM13-0035384		
Date Assigned:	12/18/2013	Date of Injury:	04/27/2013
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 56-year-old female with a 4/27/13 work-related injury date. The patient has been diagnosed with: cervical strain, radiculopathy; right shoulder impingement syndrome, scapular trauma, rotator cuff tear; lumbar radiculopathy; and close head trauma. The 10/7/13 utilization review decision is based on a 9/12/13 medical report, and recommends non-certification for use of Ketoprofen, omeprazole; and Medrox ointment. The 9/12/13 medical report is not available in the medical records provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ketoprofen 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 60-61, 67-68, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9 & 22.

Decision rationale: MTUS guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic pain, but guidelines further state that "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of

treatment efficacy is accomplished by reporting functional improvement." In this patient's case, the medical records submitted for review, fail to document functional restoration or a decreased pain. The records do not indicate if Ketoprofen helps in any way. The medical records dated 8/15/13 did not discuss the efficacy of medication or provide a pain assessment, although it did mention that the patient continues to perform modified work. In addition, the medical records dated 10/10/13 did not provide a pain assessment or provide discussion on the efficacy of medications. Therefore, the continued use of a medication that is not providing a satisfactory response, is not in accordance with MTUS guidelines. The request for 30 tablets of Ketoprofen 75mg is not medically necessary and appropriate

30 tablets Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 60-61, 67-68 & 63,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines indicates that clinicians should weight the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors and to determine if the patient is at risk for gastrointestinal events, such as a history of peptic ulcer and GI bleeding or perforation. In this patient's case, the medical records did not provide a rationale for Omeprazole or document ulcers or gastroesophageal reflux disease (GERD), or list any of the MTUS GI risk factors that the patient has. The medical records dated 5/31/13, does list a review of systems, but does not list any GI risk factors. Based on the available information, the patient does not appear to meet MTUS criteria for use of Omeprazole. The request is not in accordance with MTUS guidelines. The request for 30 tablets Omeprazole 20mg is not medically necessary and appropriate.

One (1) tube of Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 60-61, 67-68 & 63.

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

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and any compounded product that contains at least one drug (or drug class) is not recommended." Medrox also contains Capsaicin 0.375%, and MTUS guidelines for capsaicin states that "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " Therefore, MTUS does not support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The

request for one (1) tube of Medrox pain relief ointment is not medically necessary and appropriate.