

Case Number:	CM13-0036786		
Date Assigned:	01/10/2014	Date of Injury:	05/26/2009
Decision Date:	07/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 39 year old male with a date of injury on 5/26/2009. The diagnoses includes left shoulder impingement, lumbar spine strain, left ankle sprain, and bilateral carpal tunnel syndrome. The subjective complaints are of back pain at 4/10, and 8/10 after work and foot and ankle pain. The physical exam shows cervical spine decreased range of motion with paraspinal muscle tenderness. The right shoulder with anterior tenderness, and positive impingement signs, and decreased range of motion. Both hands have decreased grip strength and positive Tinel's and Phalen's sign. The lumbar spine has decreased range of motion, tender paraspinal muscles, and spasm. Medications include Hydrocodone, Ketoprofen, Omeprazole, and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for

symptomatic relief for back pain. For this patient, moderate pain is present in multiple anatomical locations, including the back. Therefore, the requested Ketoprofen is medically necessary.

Omeprazole DR 20mg #30: Overturned

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

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

Decision rationale: According to the CA MTUS guidelines, a PPIs can be added to NSAIDs therapy if the patient is at an intermediate to high risk for adverse GI events. The guidelines identifies the following as risk factors for GI events, patients age greater than 65 years of age, history of peptic ulcer, GI bleeding or perforation, use of Aspirin (ASA), corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAIDs therapy, and is using Omeprazole for GI prophylaxis. Therefore, the use of Omeprazole is consistent with guideline recommendations and is medically necessary.

Hydrocodone (Vicodin ES APAP 7.5/750mg) #60: 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): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior For this patient, no documentation is present of the MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested hydrocodone is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The CA MTUS suggests that muscle relaxants can be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most cases, they show no benefit beyond NSAIDs in pain and overall improvement. For this patient, a muscle relaxant has been prescribed chronically, there is no evidence of an acute exacerbation, and the patient is taking concurrent NSAIDs. Therefore, the use of this medication is not consistent with guideline recommendations, and is not medically necessary.

1 follow up in four weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E and M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, there are ongoing medical problems, and repeat office visits would be appropriate for continued care. Therefore, a follow up visit is medically necessary.