

Case Number:	CM13-0036825		
Date Assigned:	12/13/2013	Date of Injury:	04/09/2012
Decision Date:	02/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice, 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 patient is a 23-year-old male who reported an injury on 4/9/12. The patient is currently diagnosed with cervical spine strain, lumbar spine strain, right ankle fracture, and right lateral epicondylitis. The patient was seen by [REDACTED] on 3/25/13. The patient reported significant pain in the right foot. Physical examination was not provided. Treatment recommendations included an ultrasound guidance injection and a return for follow-up visit in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend one drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is also no

evidence of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. Despite ongoing use, the patient continued to report significant right foot pain. Based on the clinical information received, the request is non-certified.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to non-selective NSAIDs. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for a proton pump inhibitor. As such, the request is non-certified.

Orphenadrine ER 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no physical examination provided for this review; therefore, there is no evidence of palpable muscle spasm, spasticity, or muscle tension that may warrant the need for a muscle relaxant. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate

Hydrocodone (Norco 5/325mg): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication and he continues to report significant pain. There was no physical examination provided for review; therefore, there is no indication of functional improvement. As there is no documentation of pain relief or improved functional status, nor documentation of an assessment for appropriate medication use or side effects, the current request cannot be determined as medically appropriate. As such, the request is non-certified

Voltaren 1% gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac, which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.