

<b>Case Number:</b>	CM13-0046192		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/21/2007
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, low back pain, shoulder pain, knee pain, wrist pain, and carpal tunnel syndrome reportedly associated with cumulative trauma at work first claimed on March 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; transfer of care to and from various providers in various specialties; wrist bracing; and extensive periods of time off of work. In a utilization review report of October 30, 2013, the claims administrator denied a request for ketoprofen outright, likewise denied omeprazole outright, denied Norflex, and partially certified a request for Vicodin for weaning purposes. The applicant's attorney later appealed. In an October 8, 2013 progress note, the applicant states that she cannot continue on modified duty work. She has multifocal neck, low back, knee, and wrist tenderness. She is asked to continue pain medications and remain off of work, on total temporary disability, for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Hydrocone 5/500mg qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), When to Continue Opioids. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria have not been met. The applicant has failed to return to work. There is no evidence of improved performance of non-work activities of daily living. The attending provider does not attach any narrative rationale or commentary to the request for authorization. The limited information on file does not establish the presence of significant analgesia affected as a result of ongoing opioid usage, either. For all of these reasons, then, the request is not certified.

**1 Prescription of Ketoprofen 75mg qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Non-Steroidal Anti-Inflammatory Drugs (.).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Anti-inflammatory medications. Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as ketoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, however, the applicant has used this and other analgesic medications chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. She is off of work, on total temporary disability, implying that ongoing usage of oral ketoprofen has been ineffectual. Therefore, the request is not certified, owing to a lack of functional improvement despite prior usage of oral ketoprofen.

**1 Prescription of Omeprazole DR 20mg qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Non-Steroidal Anti-Inflammatory Drugs (.).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Treatment of dyspepsia secondary to NSAID therapy. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does state that proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is likewise not certified. Again, no narrative commentary was attached. There is no mention of dyspepsia either in the body of the report or in the review of systems section.

**1 Prescription of Orephenadrine ER 100mg qty60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Muscle relaxants (for pain). Page(s): 63.

**Decision rationale:** Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines endorses short-term usage of muscle relaxants such as Norflex to treat acute exacerbations of pain. Muscle relaxants are not, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, recommended on the chronic, long-term, and scheduled usage for which they have been proposed here. Accordingly, the request is likewise not certified, on Independent Medical Review.