

Case Number:	CM13-0056775		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2013
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 33-year-old with a date of injury of January 21, 2013. The patient has a history of right shoulder surgery, and has pain in the area of the right shoulder and right wrist. The disputed issues are a request for ketoprofen, omeprazole, and Norco. A utilization review determination on November 4, 2013 had noncertified these requests. The rationale for the noncertification of the omeprazole was that the patient "has not been noted to have any history of gastrointestinal problems or intolerance to NSAID use." The rationale for the noncertification of ketoprofen was that "this is an NSAID which is not recommended as a first-line NSAID due to its high adverse wrist profile." The reviewer also specified that it is not clear what other NSAIDs have been tried. The rationale for the noncertification of the Norco was that "the use of opioids should be part of a treatment plan that is tailored to the patient."

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG CAPSULES #60; (DISPENSED AT 09/20/2013): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors (PPI) may be recommended if the patient is at risk for gastrointestinal events. Criteria for this risk include: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the case of this injured worker, there is no documentation of gastrointestinal risk factors. The progress notes indicate that the omeprazole is prescribed for GI upset, but there is no commentary as to whether this is prophylactic or if the patient is actually experiencing gastrointestinal side effects. The progress notes submitted indicate that the patient does not have side effects to medications. Given this, this request is recommended for non-certification.

HYDROCODONE/APAP 10/325MG #180.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the ongoing use of opioids may be certified with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In the case of this injured worker, there is documentation that Norco helps to decrease the pain score from a 6-7/10 to a 3-4/10. The patient denies side effects with this medication. The progress note submitted for review indicates that the patient has been on Norco since August 2013 and until at least December 2013. However, there does not appear to be any monitoring for aberrant behaviors, such as random urine drug testing. With prolonged use of narcotic pain medication, this is a requirement as specified by the MTUS. This request is noncertified.

KETOPROFEN 75GM CAPSULES #90; (DISPENSED AT 09/20/2013): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the dosing guidelines for Ketoprofen for osteoarthritis is 75mg three times a day. For mild to moderate pain, 50mg every 6-8 hours may be certified. In the case of this injured worker, there is documentation of neck pain, back pain, right shoulder surgery, and right carpal tunnel syndrome. The submitted documentation indicates that the patient is compliant with medications. There are no documented side effects. The California MTUS does not specify that Ketoprofen is a 2nd line NSAID. The utilization reviewer's reasoning that other NSAIDs must be tried before Ketoprofen due to higher risk of adverse effect profile is unfounded for the oral formulation of Ketoprofen. This medication is certified.