MAXIMUS Federal Services

Case Number:	CM13-0067072		
Date Assigned:	01/03/2014	Date of Injury:	08/28/1995
Decision Date:	04/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/17/2013

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, and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 08/28/1995. The mechanism of injury was not provided. The patient's medication history was noted to include Ketogel as of 05/2013 and pantoprazole and carisoprodol as of 07/2013. The documentation dated 10/17/2013 revealed the patient's pain was 7/10 with medications and 8/10 without medications. The diagnoses were noted to include lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar fusion, cervical radiculopathy, cervical disc degeneration, headaches, and chronic pain other, as well as status post left knee surgery. The treatment plan was noted to include a Toradol injection, B12 injection, urine drug screen, carisoprodol, pantoprazole, Senokot, zolpidem tartrate, ibuprofen, hydrocodone bit/APAP, and Ketogel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 07/2013, and there is a lack of documentation of objective improvement. It is not recommended for greater than 3 weeks, the ongoing usage would not be supported. Given the above, the request for carisoprodol 350 mg 3 times a day #90 is not medically necessary.

Pantoprazole 20mg QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Pain Procedure Summary- Proton pump inhibitors (PPI's).

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The patient had been on the medication since 07/2013. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for pantoprazole 20 mg every day #30 is not medically necessary.

Ketogel 120gm 20% apply as directed #120: 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 Topical Analgesics,Ketoprofen Page(s): 111-112.

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. The clinical documentation submitted for review indicated the patient had been utilizing the medication since 05/2013. There was lack of documentation indicating the patient had a trial and failure of antidepressants and anticonvulsants. As the medication is not recommended for topical use per the FDA, the request for Ketogel 120 gm 20% apply as directed #120 is not medically necessary.