

Case Number:	CM13-0068890		
Date Assigned:	05/09/2014	Date of Injury:	11/24/2002
Decision Date:	08/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, dysthymia, mid back pain, and low back pain reportedly associated with an industrial injury of November 24, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and topical compounds. In a Utilization Review Report of November 26, 2013, the claims administrator partially certified a request Dilaudid, apparently for weaning purposes, denied topical Ketoflex ointment outright, and denied Prilosec outright. The applicant's attorney subsequently appealed. In an April 2, 2012 progress note, the applicant was described as using a variety of medications, including Lunesta, glucosamine and chondroitin, Xanax, Medrox, Effexor, Abilify, and BuSpar. The applicant's work status was not provided; however, the applicant was apparently reporting ongoing issues with anxiety, depression, and other mental health complaints. A progress note of September 20, 2013 was notable for comments that the applicant reported severe neck and low back pain radiating to the arms and legs, scored at an average of 8 to 10. The applicant was noted to be severely obese with a BMI of 36 with multiple painful tender points noted and pain with a range of motion of multiple body parts. The applicant stated that she was having issues with gastritis and acid reflux apparently caused by ongoing Vicodin usage. The applicant stated that her current medication was not effective whatsoever. A Toradol injection was ordered. A ketoprofen-containing cream was prescribed, along with Dilaudid for severe pain and Prilosec for acid reflux. BuSpar was endorsed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 75.

Decision rationale: As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioid such as Dilaudid are often used for intermittent or breakthrough pain and are an effective method of controlling chronic pain. In this case, the attending provider has posited that several other analgesic medications have proven ineffectual, including extra strength Vicodin. A trial of Dilaudid was indicated on or around the date in question. Therefore, the request was medically necessary.

Ketoflex compounded ointment 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor Flexeril, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has an analogous condition, namely opioid-induced dyspepsia versus standalone dyspepsia. Introduction of Prilosec to combat the same was indicated. Therefore, the request was medically necessary.