

Case Number:	CM13-0070887		
Date Assigned:	01/17/2014	Date of Injury:	10/20/2010
Decision Date:	03/10/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/26/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 51 year-old female who on October 20, 2010, during the course of her employment, was carrying pitchers of hot water and tripped on a cup rack she could not see and fell onto her right knee. Subsequently, on September 01, 2012, while on her way to work, [REDACTED] states her legs weakened and she lost her balance. She fell to the ground striking her left hand suffering a fracture. The patient was able to call her daughter who drove her to the emergency room. She also claims cumulative trauma from April 13, 2011 through September 04, 2012, affecting her neck, hands, low back and right knee, as a result of her usual and customary duties. She also attributes this to not receiving adequate and timely medical treatment, therefore causing progressive deterioration. Over time, the condition of her right knee deteriorated further and she sustained a fall in August 2013, on that occasion, suffering a severe injury of her right knee. On February 04, 2013, while traveling to a psychological evaluation, the driver of the vehicle put on the brakes forcefully causing her to be thrust back and forth. She sustained whiplash type injury to the cervical and lumbar spine areas. Diagnoses include: Right knee internal derangement, Cervico-thoracic strain/arthrosis, Bilateral shoulder impingement syndrome, Status post left distal radius and ulnar fracture with malunion, Lumbosacral strain/arthrosis with lumbar radiculopathy, Right knee status -post contusion with possible osteochondral defect of the lateral femoral condyle with possible medial meniscal tear, Right patellar fracture, Left knee mild degenerative arthrosis. Generalized Anxiety Disorder, Major Mild, Single episode, Depressive Disorder, Cognitive Disorder, NOS, due to Head Trauma, Pain Disorder Associated with Both Psychological Factors and a Medical Condition Change due to Head Trauma, bilateral carpal tunnel syndrome. The patient has continued with pains in areas of head, neck, shoulders, wrist and hand pains, lower back pain, right knee pain, difficulty sleeping,

and bouts of stress, depression and anxiety. Issues concern appropriateness of use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco) APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC-Pain (Chronic) (updated 11/14/13)-Opioids for Chronic Pain

Decision rationale: The patient had no evident benefit from the use of Norco, sustaining a persistent high pain level, with no functional improvement documented. The report does not identify measurable analgesic benefit (VAS scores) with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for request for Hydrocodone/APAP (Norco) 10/325mg is not medically necessary.

Ketoprofen 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 47, 66-68, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2014)-NSAIDS-Ketoprofen

Decision rationale: With respect to Ketoprofen, this is an NSAID. 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, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been

established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Requires documentation of "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing anti-inflammatory medication therapy. This patient has been approved for this medication in the past. There were no documentation of subjective or objective benefit from use of this medication, therefore the request for Ketoprofen is not medically necessary.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2103) Proton Pump Inhibitors

Decision rationale: Omeprazole DR 20 mg is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking two NSAIDs with no documented GI distress symptom, therefore the medical necessity for this GI protective medication has not been established. Since ketoprofen (NSAID) was not approved for this patient, therefore the request for Omeprazole DR 20 mg is not medically necessary.

Orphenadrine ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2013): Muscle Relaxants/Antispasmodics: Orphenadrine (Norflex[®], Banflex[®], Antiflex[®], Mio-Rel[®], Orphenate[®], generic available)

Decision rationale: With respect to Orphenadrine ER 100 mg, when used as muscle relaxants in patient with chronic low back pain the guidelines recommend non-sedating muscle relaxants such as Orphenadrine with caution as a second-line option for short-term treatment of acute exacerbations. Also the guideline recommended a short course of therapy. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Therefore the request for Orphenadrine citrate ER 100mg is not medically necessary.