

Case Number:	CM14-0003513		
Date Assigned:	01/31/2014	Date of Injury:	06/14/2009
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 55-year-old female who reported an injury on 06/14/2009. The mechanism of injury was reported to be a fall. Per the note dated 07/30/2013, the injured worker continued to report pain to her low back and right ankle. On physical examination, the injured worker was reported to have tenderness of the right ankle; however, there was no clubbing, cyanosis, or edema noted and pedal pulses were normal. The injured worker had surgery to the right ankle on 12/20/2009; however, the injured worker reported the pain did not subside after surgery. The request for authorization for medical treatment for ketoprofen, gabapentin, tizanidine, and omeprazole was not provided in the documentation. The provider's rationale for the request for ketoprofen, gabapentin, tizanidine, and omeprazole was not provided within the documentation. There was a lack of previous treatments regarding this patient beyond medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75 MG, # 270: 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 NSAIDs, Page(s): page(s) 70,72..

Decision rationale: Per California MTUS Guidelines, ketoprofen is recommended for osteoarthritis. Regarding NSAIDs in general, it is recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual pain treatment goals. NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesic, and muscle relaxants. NSAIDs are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. There is a lack of documentation regarding the use of this medication and the efficacy of the medication. The documentation stated the injured worker was utilizing over-the-counter acetaminophen as well as this medication and the Guidelines note that NSAIDs were no more effective than acetaminophen. In addition, the request did not note the frequency instructions for the medication. Therefore, the request for Ketoprofen 75mg, #270 is not medically necessary.

GABAPENTIN 600 MG, # 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs, Page(s): page(s) 18..

Decision rationale: The California MTUS guidelines recommend gabapentin to be shown effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Recent review has indicated that there is insufficient evidence to recommend for or against anti-epileptic drugs for axial low back pain. Gabapentin should not be abruptly discontinued, although this recommendation is based on seizure therapy. The documentation did not report a diagnosis of diabetes or neuralgia for the injured worker. There was a lack of documentation regarding the utilization of this medication and the efficacy of the medication. In addition, the request did not contain frequency information for the medication. Therefore, the request for Gabapentin 600 MG, # 270 is not medically necessary.

TIZANIDINE 4 MG, # 270: 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 Muscle relaxants, Page(s): page(s) 63, 66..

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is approved for management of spasticity, unlabeled use for low back pain. However, in most low back cases, they show no benefit beyond NSAIDs in

pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was a lack of documentation regarding the utilization of this medication and the efficacy of the medication. The guidelines note that efficacy diminishes over time and this medication may lead to dependency; however, there was a lack of documentation regarding the length of time the injured worker had been utilizing this medication and any possible aberrant behavior regarding the use of the medication. In addition, the request did not include frequency instructions for this medication. Therefore, the request for Tizanidine 4 MG, # 270 is not medically necessary.

OMEPRAZOLE 20 MG, # 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk, pages) 68-69. Page(s): page(s) 68-69..

Decision rationale: Per California MTUS Guidelines, to determine if a patient is at risk for gastrointestinal events, 1 or more of the following criteria need to be met: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; non-concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose multiple NSAID use. Recent studies tend to show that H. pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There was a lack of documentation regarding the utilization of this medication and the efficacy of this medication. The injured worker was noted to have gastrointestinal issues related to the long-term use of an NSAID as well as over-the-counter Motrin; however, the injured worker does not meet the criteria for use of a proton pump inhibitor. There was a lack of documentation of clinical findings to suggest the injured worker had a peptic ulcer, GI bleed, or perforation. The injured worker was not reported to be taking high dose or multiple NSAIDs and was less than 65 years of age. In addition, the request did not indicate the frequency instructions of the medication. Therefore, the request for Omeprazole 20 MG, # 180 is not medically necessary.