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| Case Number: | CM14-0005461 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 05/04/2010 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 4, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated January 2, 2014, the claims administrator denied a request for Medrox ointment, oral ketoprofen, omeprazole, hydrocodone, and Norflex, citing lack of benefit with the same. The patient's attorney subsequently appealed. In a medical-legal evaluation dated January 8, 2013, it was acknowledged that the patient had been on disability since June 2012, was represented, and was not working. In a progress note dated December 17, 2013, the patient presented with persistent neck pain, shoulder pain, and testicular pain, reportedly severe. The patient was given refills of various medications including omeprazole, Prilosec, ketoprofen, Vicodin, and Medrox. Permanent work restrictions were renewed. The patient was not working with said permanent limitations in place. There was no discussion of medication efficacy incorporated into the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX OINTMENT B.I.D.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 7.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Medrox, as a class, are deemed "largely experimental." It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider incorporate some discussion medication efficacy into his choice of recommendations. In this case, however, there has been no such discussion of medication efficacy incorporated into the attending provider's choice of recommendation. The applicant is off of work. The applicant remains highly reliant and highly dependent on medication such as Norco. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Medrox. Therefore, the request for Medrox is not medically necessary.

KETOPROFEN 75 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as oral ketoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy incorporated into the attending provider's choice of recommendation. The applicant is off of work. The applicant has permanent work restrictions which remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on opioid agent such as Norco. All the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of oral ketoprofen. Therefore, the request for oral ketoprofen is not medically necessary.

OMEPRAZOL DR 20MG #30: 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, Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as omeprazole are indicated to combat NSAID-induced dyspepsia, in this case, however, the progress note provided do not make any mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for omeprazole is not medically necessary.

HYDROCODONE APAP 5/500 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There has been no discussion of improvements in pain and/or function achieved as a result of ongoing opioid therapy provided at any recent progress note. Therefore, the request for hydrocodone acetaminophen is not medically necessary.

ORPHENADRINE ER 100 MG: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are indicated as second-line option for short-term treatment of acute exacerbations or chronic low back pain. Orphenadrine, thus, is not indicated for the chronic, long term, and/or scheduled use purpose for which is seemingly being employed here. No rationale for ongoing usage of the same was provided so as to combat the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.