

Case Number:	CM14-0011667		
Date Assigned:	02/21/2014	Date of Injury:	11/22/2010
Decision Date:	10/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 Geriatrics and is licensed to practice in New York. 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 66 year old woman with a date of injury of 11/22/10. She was seen by her primary treating physician on 12/19/13 with complaints of pain and spasm in her right lower extremity. She had been seen in the ER the night before. She had a normal MRI in the months prior and was undergoing aqua therapy. She was getting 'a stomach ache' from the ketoprofen. Her physical exam showed tender cervical and lumbar paravertebral muscles with spasm and restricted range of motion. Spurling's test and straight leg raise was positive on the right. Her right greater trochanter was tender to palpation. Her diagnoses were cervical and lumbar radiculopathy, bilateral greater trochanter bursitis, anxiety reaction, severe right hip osteoarthritis and moderate bilateral carpal tunnel syndrome. She was provided refills of her medications as well as prescriptions for flexeril and voltaren gel. Her medications are at issue in this review. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75 MG ONCE A DAY # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This injured worker has lower extremity, hip, neck and back pain with limitations in range of motion noted on physical examination. Her medical course has included use of several medications including narcotics and NSAIDs.. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify ongoing use. She is also describing gastrointestinal upset from the ketoprofen as a side effect. The medical necessity for ketoprofen is not substantiated in the records.

TRAMADOL HCL 50 MG ONE TABLET BY MOUTH TWO TIMES A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,93, 94, & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: This injured worker has lower extremity, hip, neck and back pain with limitations in range of motion noted on physical examination. Her medical course has included use of several medications including narcotics and NSAIDs.. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The medical necessity for tramadol is not substantiated in the records.

HYDROCODONE (NORCO) 5/325 MG ONE TABLET BY MOUTH TWO TIMES A DAY # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has lower extremity, hip, neck and back pain with limitations in range of motion noted on physical examination. Her medical course has included use of several medications including narcotics and NSAIDs.. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The medical necessity for norco is not substantiated in the records.

FLEXERIL 5 MG ONE TABLET BY MOUTH TWO TIMES A DAY # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has lower extremity, hip, neck and back pain with limitations in range of motion noted on physical examination. Her medical course has included use of several medications including narcotics and NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The medical necessity for flexeril is not substantiated in the records.

VOLTAREN 1% GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. This injured worker is also already taking systemic NSAIDs and the records do not provide clinical evidence to support medical necessity of voltaren gel.