MAXIMUS Federal Services

Case Number:	CM14-0015907		
Date Assigned:	06/04/2014	Date of Injury:	02/13/2013
Decision Date:	07/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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:

This is a male with a 2/13/13 date of injury. The patient injured his lower back and the exact mechanism of injury has not been described. On 11/26/13, the patient returned for a follow-up. The patient had tenderness to the lumbar paravertebral muscles with associated spasm. The diagnostic impression was Lumbar Radiculopathy. The patient is currently being treated with medication management, chiropractic services, physical therapy, and activity modification. A Utilization Review decision dated 1/23/14 did not grant the request for Ketoprofen due to prolonged use of NSAIDs which was not indicated and that prolonged use will cause dependency and/or end-organ complications. These medications were designed for short-term use only. The use of Omeprazole was not medically necessary, as there were no GI complications documented. Orphenadrine was not granted because there was no documentation provided to necessitate the use of anti-spasmodic medications and the prolonged use is not indicated. Capsaicin cream is not necessary because there is no high quality peer review to support its efficacy. The Salonpas patch was not granted because there is no high quality peer review to substantiate its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75MG, #30 ONE (1) EVERY DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: NSAIDs.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is no description of any functional improvement from the patient's current medications. The provider does not reference any analgesia or response to the current medication regimen. Therefore, the request for Ketoprofen 75 mg #30 daily is not medically necessary.

OMEPRAZOLE DR 20MG, #60 ONE (1) TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, there is no description of GERD or gastritis in this patient. The NSAIDs the patient was taking were not found to be medically necessary. Therefore, the request for Omeprazole DR 20 mg #60 twice a day is not medically necessary.

ORPHENADRINE ER 100MG, #60 ONE (1) TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain, however, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement However, there is no description of an acute exacerbation of the patient's pain that would benefit from a short-term course of muscle relaxants. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Orphenadrine ER 100 mg #60 twice daily is not medically necessary.

CAPSAICIN 0.1% CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28-29.

Decision rationale: The California MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. However, guidelines generally support Capsaicin as a 0.025% formulation and 0.075% formulation. The guidelines do not support a 0.1% formulation and there is no current indication that this increase over the 0.025% formulation would provide any further efficacy. Therefore, the request for Topical Capsaicin 0.1% is not medically necessary.

SALONPAS PATCH FOR LUMBAR AND LEFT SHIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 111-113.

Decision rationale: SalonPas is a topical pain relief patch composed of methyl salicylate and menthol. The California MTUS states that topical salicylates are significantly better than placebo in chronic pain. This patient has generalized pain and guidelines that do support the use of topical medications in this setting. Therefore, the request for SalonPas patches for the lumbar and left shin is medically necessary.