

Case Number:	CM14-0139874		
Date Assigned:	09/08/2014	Date of Injury:	08/18/2009
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation 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 injured worker is a 43-year-old male who reported an injury on 08/18/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 08/26/2014 indicated diagnoses of cervical sprain and lumbar radiculopathy. The injured worker reported worsening lower back pain. The injured worker reported numbness and tingling and reported he was unable to bend over and pick up anything because he falls over. The injured worker reported symptoms had worsened and he had failed conservative treatment. The injured worker reported his quality of life was decreasing. The injured worker reported he was also having worsening left shoulder symptoms. The injured worker reported restricted range of motion as well as numbness and tingling in his left shoulder. On physical examination of the cervical spine, there was tenderness to the paravertebral muscles with spasms. Range of motion was restricted. Sensation and motor strength were intact. The examination of the left shoulder revealed a positive impingement sign and tenderness to the anterior shoulder with restricted range of motion. The examination of the lumbar spine revealed tenderness to the paravertebral muscles with spasms and restricted range of motion. The injured worker had a positive straight leg raise on the right slightly. The injured worker's treatment plan included follow-up with psychiatry and continue taking medications as before. The injured worker's prior treatments included diagnostic imaging, physical therapy, psychiatric care, and medication management. The injured worker's medication regimen included Ketoprofen, Omeprazole, Orphenadrine, and Hydrocodone (Norco). The provider submitted a request for the above medications. A Request for Authorization dated 08/26/2014 was submitted for the above medications; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: The request for Ketoprofen 75mg #30 with 2 refills is not medically necessary. The CA MTUS guidelines recognize Ketoprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of documentation of efficacy and functional improvement with the use of these medications. NSAIDs are generally recommended at the lowest dose for the shortest period. They are recommended as an option for short-term symptomatic relief of chronic low back pain. There is a lack of documentation of a quantified pain assessment done by the injured worker. He reported worsening low back pain. There is a lack of documentation indicating Ketoprofen was providing significant pain relief or objective functional improvements to support continued use. Furthermore, it was not documented how long the injured worker had been utilizing this medication. Lastly, the request does not indicate a frequency. Therefore, the request for Ketoprofen 75mg #30 with 2 refills is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #30 with 2 refills is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors for injured workers taking NSAIDs with current gastrointestinal symptoms or those at risk of gastrointestinal event. They may be indicated if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, or a history of peptic ulcers. There is a lack of documentation of efficacy and functional improvement with the use of Omeprazole. In addition, the documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforation, or ulcers. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Orphenadrine ER100mg #60 with 2 refills: 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 (for pain) Page(s): 65.

Decision rationale: The request for Orphenadrine ER100mg #60 with 2 refills is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of documentation of efficacy and functional improvement with the use of Orphenadrine. Moreover, it was not indicated how long the injured worker had been utilizing this medication. The guidelines do not recommend the long-term use of muscle relaxants; therefore, the request for 2 refills is not supported. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Hydrocodone 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone 5/325mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported worsening pain and that his quality of life was decreasing. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.