MAXIMUS Federal Services

Case Number:	CM14-0156968		
Date Assigned:	09/29/2014	Date of Injury:	01/29/2013
Decision Date:	12/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note from December 30, 2013, indicates a psychiatric/psychological evaluation indicates the insured was recommended for acupuncture and inferential unit in acupuncture. PR2 from 04/14/14 indicated ongoing complaints of pain, having low back pain moderate to severe, ongoing treatment of medication, chiropractic care. The impression was lumbosacral pain with discogenic component. Treatment plan recommendations from March 6, 2014, recommending ongoing treatment of tramadol, Mobic and omeprazole from the treating provider. 03/06/14 indicated ongoing complaints of pain and indicated gait was antalgic but the insured moved without difficulty. Cognition was within normal limits. The appearance was well nourished and was recommended to continue medical therapy and was showing good compliance. Note January 10, 2014, indicated claimant with ongoing pain, seen in follow-up. Pain reported to helped with medications. MRI lumbar spine reported to show disc protrusion 2 to 3 mm asymmetric to the right at the L5-S1 with recommendation for ongoing care to include Ketoprofen, Tramadol. 08/28/14 indicated ongoing complaints of pain in the low back being treated with medication. Insured reports effect on activities of daily living. Medications are listed as Ketoprofen, Omeprazole and prescription sleeping medication. Pain was reported to interfere with all activities. Physical exam noted swelling in the bilateral sacroiliac joints. There was tenderness to palpation in the lumbar spine sacroiliac area. There was reduced range of motion in the cervical spine with diagnostic impression of lumbar spine disc protrusion and ongoing treatment recommended per the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: This drug is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. MTUS supports the use of NSAID for patients with moderate to severe pain. The medical records provided for review support the presence of Degenerative Joint Disease (DJD) associated pain of intensity that would be congruent with MTUS and as such would support the use of NSAID as medically necessary.

Somnicin #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Insomnia Treatment.

Decision rationale: The medical records provided for review do not indicate failure of a sleep hygiene program or non-pharmacologic therapy for at least 6 months without benefit in support of pharmacologic therapy. Therefore, this request is not medically necessary.

Lidocaine patches #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Lidoderm.

Decision rationale: The medical records provided for review does not indicate a neuropathic pain condition for which Lidoderm is indicated and supported under ODG guidelines. This medication is not supported for treatment of osteoarthritis or myofascial pain, therefore, this request is not medically necessary.