

Case Number:	CM14-0021717		
Date Assigned:	05/07/2014	Date of Injury:	02/10/2012
Decision Date:	07/09/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 36-year-old male with date of injury of 12/10/12. Per the treating physician's report dated 1/2/14, the patient presents with continued headaches, low back pain, and knee pain. The patient has been doing home exercises which improve symptoms, and the patient continues to take medication for pain. Listed diagnoses are cervical spine strain, rule out radiculopathy; lumbar radiculopathy; and bilateral knee internal derangement. The patient is to continue taking medications as before, including Omeprazole 20mg, orphenadrine 100mg, Voltaren gel, Norco #270, and Ketoprofen 75mg #180. The patient is to continue home exercises and return to clinic on as needed basis. The 10/1/13 report does not provide any discussion regarding medication efficacy. The 9/5/13 report indicates that pain is at 8/10, and at times, the pain level can drop to 3- 4/10. The patient's headaches continue. The patient has physical therapy that helped and would like to continue. The patient has been evaluated by a psychologist/neurologist. The patient states that medication helps with alleviating his symptoms. The 8/14/13 report states that the patient has had three sessions of physical therapy, has been taking his pain medications, and that his pain level is at 3/10. The pain is primarily located in his low back. The patient's medication regimen was changed. It is controlling his pain. Headaches continue, at least once a day for the past month. The patient's work status is temporary total disability. The 7/23/13 report states that the patient has increased headaches; the pain is awful and significant. The patient takes medications on an as needed basis, and increased pain is preventing him from sleeping at night. Medication is not controlling his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The treating physician has prescribed Omeprazole for prophylactic gastric protection given the patient's chronic NSAID use. However, the MTUS guidelines do not support routine prophylactic use of PPIs unless GI risk assessments are provided, such as the patient's age, concurrent use of anticoagulants, high dose use of NSAIDs, concurrent use of aspirin, and history of peptic ulcer disease, etc. In this case, despite review of about six months of progress reports, there is no documentation of GI risk assessment. There is no documentation that this patient suffers from any GI issues requiring the use of Omeprazole. There are no side effects noted from the use of Ketoprofen. As such, the request is not medically necessary.

ORPHENADRINE ER 100MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The treating physician has prescribed orphenadrine, which is a muscle relaxant. The MTUS guidelines provide specific discussion regarding the chronic use of muscle relaxants. It states that chronic use or long-term use of muscle relaxants is not recommended. If muscle relaxants are used, only short-term use for acute flare-ups and exacerbations is recommended. In this case, review of the reports show that this patient has been on this muscle relaxant for a number of months. As such, the request is not medically necessary.

VOLTAREN 1% GEL #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The MTUS Guidelines allow the short-term use of topical NSAIDs for peripheral joint arthritis and tendinitis. In this case, the patient primarily presents with headaches, neck pain, and low back pain. There are no peripheral joints with arthritis and tendinitis condition. The treating physician also does not indicate which body part Voltaren gel is to be

used for. The MTUS Guidelines also require documentation of pain and function when medications are used for chronic pain conditions. In this case, none of the reports described where Voltaren gel is specifically used and with what efficacy. As such, the request is not medically necessary.

HYDROCODONE APAP 10/325MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: This patient presents with chronic neck pain, low back pain, and headaches. The request was for Norco #270, which is a three-month supply as the patient is prescribed three tablets a day. For chronic opiate use, the MTUS Guidelines require documentation of the 4 A's: analgesia, activities of daily living, adverse effects, and aberrant drug-seeking behavior. Pain assessments are also required that include current pain, least amount of pain, average pain over last 30 days, and duration of pain relief with the use of medication. Review of the reports in this case show that there are no discussion regarding the patient's activities of daily living or function. The patient has been on temporary total disability from 7/23/13 to 1/2/14. There are no specific discussion regarding activities of daily living and how Norco has affected this. There are no before and after pain scales, although the 9/5/13 report indicates pain rated at 8/10, which sometimes drops to 3-4/10. From 7/23/13 to 8/14/13, medication increased to three Norco tablets per day, and the change in medications has helped per the records. The 8/14/13 report indicates a pain level down to 3/10. However, by 9/5/13, the pain level is back up to 8/10. One cannot tell that Norco is effectively managing this patient's pain and there is no discussion regarding the patient's function. There is also a lack of any discussion regarding medication management, including random urine drug screens, CURES reports, and questions regarding any side effects and aberrant drug-seeking behavior. Given the lack of documentation and proper opiates management, the request is not medically necessary.

KETOPROFEN 75MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61.

Decision rationale: Review of the reports does not show any discussion regarding the use of Ketoprofen. There are no mentions of pain scales or functional measures that show that this medication is helping this patient. The MTUS guidelines do support oral NSAIDs for chronic musculoskeletal pain, at least in the short term. The MTUS guidelines also require that documentation of pain and function be provided when medications are used for chronic pain. In

this case, despite review of the reports from 7/23/13 to 1/2/14, benefit derived from Ketoprofen is not mentioned. As such, the request is not medically necessary.