

Case Number:	CM14-0023436		
Date Assigned:	05/12/2014	Date of Injury:	07/03/1991
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation and Pain Management 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:

The patient is a 55-year-old male with a date of injury of 07/03/1991. The listed diagnosis per [REDACTED] is failed back syndrome. According to the 01/15/2014 progress report by [REDACTED] the patient continues to have headaches, neck pain, and back pain. The patient was seen by a neurologist who recommended the patient undergo a CT angiogram to rule out cerebral aneurysm. He also recommended the patient to stop smoking and decrease narcotic medication intake. The patient is using a TENS (Transcutaneous Electric Nerve Stimulation) unit with significant relief. Examination of the cervical spine revealed paravertebral muscles are tender to palpation. Spasm is noted and range of motion is restricted. Cranial nerves II through XII are grossly intact. The patient states the current medication regimen he is taking do help him function during the day by decreasing his pain. The treater is requesting a refill of ketoprofen 75 mg #30, omeprazole #30, orphenadrine 100 mg #60, Percocet #30, Lidoderm patches #60, TENS unit electrodes, and a CT angiogram of the head and neck. Utilization review denied the request for ketoprofen, omeprazole, orphenadrine, Lidoderm patches, and the CT angiogram on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, NSAIDs Anti-inflammatory medications Page(s): 22, 60-61.

Decision rationale: This patient presents with continued headaches, neck, and back pain. The treater is requesting ketoprofen 75 mg #30. This patient has failed back syndrome. He is treated with medications and a TENS unit which provides him with pain relief. Medical records reveal the patient was previously taking Percocet and Ketoprofen for pain relief. Recently patient's neurologist recommended decrease in narcotics and Percocet was discontinued. The MTUS Guidelines page 22 supports use of NSAIDs for chronic LBP as a first line of treatment. Progress report 10/09/2013 reports "medications do help him with his pain." On 01/15/2014, patient reported medications "help him function during the day by decreasing the pain." Given the patient experiences less pain with his medications, Ketoprofen may be indicated for patient's continued low back pain. Therefore, the request for Ketoprofen 75mg #30 is medically necessary and appropriate.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list & Side Effects Page(s): 68,70-73.

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

Decision rationale: This patient presents with continued headaches, neck, and back pain. The treater is requesting omeprazole 20 mg #30. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA (Acetyl salicylic Acid) or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Omeprazole concurrently with Ketoprofen since 2012. Review of reports from 01/29/2013 to 01/15/2014 does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of Proton Pump Inhibitor (PPI) without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. Therefore, the request for Omeprazole 20mg #30 is not medically necessary and appropriate.

ORPHENADRINE 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: This patient presents with continued headaches, neck, and back pain. The treater is requesting orphenadrine 100 mg #60. This medication is a muscle relaxant, also called Norflex similar to Flexeril. MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, the requested Orphenadrine # 90 has been prescribed on a long-term basis. Therefore, the request for Orphenadrine 100mg #60 is not medically necessary and appropriate.

LIDODERM 5% #60: 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, Lidoderm (lidocaine patch) Page(s): 56,57.

Decision rationale: This patient presents with continued headaches, neck, and back pain. The treater is requesting Lidoderm patches 5% #60. The MTUS Guidelines page 112 states under lidocaine, indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for neuropathy." In this case, review of reports from 01/29/2013 to 01/15/2014 does not show any evidence of "localized peripheral pain." The patient has chronic low back pain. The requested Lidoderm 5% patches #60 are not medically necessary, and recommendation is for denial.

CT ANGIOGRAM HEAD AND NECK: 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 Other Medical Treatment Guideline Or Medical Evidence: Aetna Guidelines, Neck & Head, Similar Diagnostic Studies.

Decision rationale: This patient presents with continued headaches, neck, and back pain. The treater is requesting the patient undergo a CT angiogram of the head and neck to rule out cerebral aneurysm based on the recommendations of the neurologist. Medical records indicate the patient underwent an MRI of the brain on 10/04/2013 which revealed "small amount of punctate white matter changes bilaterally. These likely represent chronic ischemic microvascular white matter changes." The neurologist report is not available for this review and there is no explanation as to why CT angiogram requiring high doses of radiation is necessary for further studies. The ACOEM, MTUS and ODG guidelines do not discussion CT angiograms for the head and neck. AETNA guidelines provide discussion regarding MR angio for neck and head, a similar

diagnostic studies, and recommends it for known aneurysm, or AVM and for patients at high risk for aneurysm. In this case, the patient already had an MRI, a good screen for aneurysm. There is no evidence that this patient is a high risk patient. There does not appear to be medical need for further brain studies. Therefore, the request for CT angiogram head and neck is not medically necessary and appropriate.