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| Case Number: | CM14-0027316 | | |
| Date Assigned: | 03/07/2014 | Date of Injury: | 11/29/2012 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/18/2014 |

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:

The patient is a [REDACTED] employee who has filed a claim for lumbar sprain with right lower extremity radiculitis, right hip strain, and right knee and ankle injury associated with an industry injury of November 29, 2012. Thus far, the patient has been treated with NSAIDs, Tramadol, Norco, and Ambien, chiropractic therapy, inversion table, physical therapy to the right knee and ankle, right knee bracing, and ankle support. In a utilization review report of December 27, 2013, the claims administrator denied a request for Ibuprofen 800mg #100; Omeprazole 20mg #60 as there is no documentation to support its necessity; Ketorolac 60mg with Xylocaine 1mL given in the upper arm as documentation does not support this. Review of progress notes worsening of pain in the low back, hips, and right lower extremity. Patient reports giving out of the right knee. The patient experiences headaches occurring 3-4 times per week. Note of April 2013 right knee MRI showed a large effusion, chondromalacia of patella, proximal tibial degeneration, with no meniscal tear or ligamentous rupture; right ankle MRI showed moderate subcutaneous edema and small effusion; hip MRI showed gluteus minimus mild insertional tendinosis; lumbar MRI showed posterior disc bulges at L4-5 and L5-S1 with bilateral mild neural foraminal narrowing. X-ray studies dated July 17, 2013 of the thoracic spine, lumbar spine, pelvis, knees and ankles were unremarkable. Right knee MRI on October 03, 2013 showed meniscal degeneration with small tear of the lateral meniscus, joint effusion, and prepatellar bursal fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #100 ONE tid ANTI-INFLAMMATORY FOR PAIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, there is use of Ibuprofen since July 2013. Ibuprofen is a reasonable first-line option in managing the patient's pain, exacerbations of the chronic pain conditions, and knee osteoarthritis. The request for Ibuprofen 800mg #100 is medically necessary and appropriate.

KETOROLAC 60MG WITH XYLOCAINE 1ML GIVEN IN THE UPPER ARM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: The California MTUS guidelines state that Ketorolac is an injectable NSAID which is not indicated for minor or chronic painful conditions. According to the Official Disability Guidelines (ODG), Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. The FDA boxed warning relegates this drug to second-line use unless there were no safer alternatives. Xylocaine is lidocaine, a local anesthetic used for sympathetic blocks. The 11/11/13 medical report documented that the patient was "taking Tramadol, and Ibuprofen daily", "has had no new injuries", "is not attending therapy", and "is not working". The report also stated "pain at before medication and down to after taking medication", failing to include the VAS pain ratings. There was therefore no indication for an IM administration of Ketorolac for continuation of opioid therapy. The provider also failed to state the reason for adding Xylocaine to the Ketorolac injection. The request for Ketorolac with Xylocaine is not medically necessary and appropriate.

OMERPRAZOLE 20MG #60 ONCE A DAY ANTI-INFLAMMATORY FOR PAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The MTUS guidelines supports proton pump inhibitors (PPI) in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, there is no documentation of gastrointestinal side effects or chronic high-dose NSAID which the patient has been taking since July 2013 to support the need for Omeprazole. Additionally, the request for Omeprazole was for use as an anti-inflammatory for pain. Omeprazole is not an anti-inflammatory medication. The request for Omeprazole 20mg #60 is not medically necessary and appropriate.