

Case Number:	CM14-0029769		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2011
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/08/2014

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:

Injured worker is a male with date of injury 5/10/2011. Per progress note dated 2/6/2014, the injured worker has not been able to get medications approved, and therefore has not been able to try any new medications. He complains of dizziness, gait unsteady gait, headaches, head injury, short term memory loss, mental status change, paresthesias, sleep problems, weakness in his right arm with numbness and tingling, depression, neck pain with radiation to right upper extremity, weakness to right hand. On examination he is in moderate amount of distress. Lights are off, stating that his headache is a normal headache that has not started throbbing at this point. His head is tender over the right temporal region. Musculoskeletal deep tendon reflexes are 1+ on the right side, 2+ on the left. There is significant weakness in his grip strength and extension flexion of the right arm, 3/5 on the right and 5/5 on the left in the upper extremities. He has tenderness down the cervical spine, myofascial tenderness bilateral right and left. Lower extremity deep tendon reflexes 2+ bilateral, strength is equal bilaterally 5/5. Gait is smooth and steady. Diagnoses include 1) head injury 2) headache 3) visual impairment 4) depression 5) insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Ketoprofen Cream 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The requesting physician has prescribed ketoprofen cream standard, 10%, 1 small dollop, topical to shoulder muscles, four times daily as needed, 15 gram, refills for 1 year. Ketoprofen 10% is a topical NSAID medication. The MTUS Guidelines report that topical Ketoprofen is not FDA approved, and is therefore not recommended. The request for 1 tube of Ketoprofen cream 10% is determined to be not medically necessary.

Metoprolol Tartrate 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/metoprolol-tartrate.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://drugs.com/mtm/metoprolol-tartrate.html>.

Decision rationale: The MTUS Guidelines do not provide recommendations regarding the use of metoprolol. Metoprolol is a beta-blocker that affects the heart and circulation which is used primarily to treat hypertension, angina, and in the prevention of myocardial infarction. The injured worker has a past medical history of hypertension, but there is no indication in the clinical documents that he has hypertension as a result of his industrial injury. It is noted from inpatient notes for 9/2/2013 to 9/10/2013 that the injured worker was taking metoprolol for hypertension. This request does not appear to be related to his industrial injury and therefore medical necessity is not established. The request for 60 tablets of metoprolol tartrate 50 mg is determined to not be medically necessary.

Sertraline 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The injured worker has depression reportedly as a result of the injured worker's traumatic brain injury and resulting disability. The injured worker is noted to have a recent hospital admission that may have been related to severe depression. Antidepressants for chronic pain are recommended by the MTUS guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitors (SSRIs) such as sertraline are effective at addressing psychological symptoms associated with chronic pain. The request for 30 tablets of sertraline 50 mg is determined to be medically necessary.