

Case Number:	CM14-0049198		
Date Assigned:	07/07/2014	Date of Injury:	06/28/2011
Decision Date:	09/03/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for cervical disc displacement associated from an industrial injury date of June 28, 2011. Medical records from 2013-2014 were reviewed. The patient complained of neck and low back pain rated at 6-8/10. Pain was associated with numbness and tingling sensation in the extremities. She has complained of gastrointestinal upset associated to Ketoprofen use. Physical examination revealed tenderness over the lumbar region, limited ROMs, and decreased right lower extremity sensation. Treatment to date has included oral analgesics, chiropractic therapy, physical therapy and acupuncture sessions. A utilization review from April 4, 2014 denied the request for 270 Capsules of Ketoprofen 75 mg as the most recent report failed to elaborate on the patient's response to its prior intake in terms of degree and duration of pain relief afforded to support its continued use. The same review also denied the request for 180 capsules of Omeprazole 20mg because considering that the medical necessity of Ketoprofen has not been established, it follows that the medical necessity of a PPI is also not warranted. The same review also denied the request for 1 Terocin Pain Patch Box (10 patches) because there was no documented history of failure with antidepressants or anticonvulsants to warrant continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

270 Capsules of Ketoprofen 75 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least February 2014. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request is not medically necessary.

1 Terocin Pain Patch Box (10 Patches): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: As stated on pages 56 to 57 of the MTUS Chronic Pain Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as Gabapentin or Lyrica). Regarding the menthol component, the MTUS Chronic Pain Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or Capsaicin were applied. In this case, the medical records submitted for review failed to show the indication and duration of Terocin patch use, or objective evidence of functional benefits derived from its use. There is also no evidence of previous trials with first-line anti-depressants or anti-epileptics drugs. The medical necessity was not established. Therefore, the request for 1 Terocin Pain Patch Box (10 Patches) is not medically necessary.

180 capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Online Edition, Pain Chapter, Omeprazole (Prilosec)-See proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk

factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient was prescribed Omeprazole since at least February 2014. The patient is concurrently taking Ketoprofen (NSAID) since at least February 2014. Documentation submitted mentioned occurrence of episodes of gastrointestinal upset associated with Ketoprofen use relieved by Omeprazole. However, because Ketoprofen use has been denied; there is no use to continue with PPI treatment. Therefore, the request for 180 capsules of Omeprazole 20mg is not medically necessary.