

Case Number:	CM14-0074622		
Date Assigned:	07/16/2014	Date of Injury:	11/29/2012
Decision Date:	09/17/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 48-year-old female who reported injuries due to slipping, twisting, and falling on a wet floor on 11/29/2012. On 11/11/2013, her diagnoses included musculoligamentous sprain of the lumbar spine with right lower extremity radiculitis, herniated disc L5 through S1, internal derangement of the right hip, trochanteric bursitis of the right hip, strain of the right hip, internal derangement of the right knee, ligamentous injury to the right ankle, effusion of the right ankle, a tear of the lateral meniscus of the right knee, and osteoarthritis of the right knee. On 03/18/2014, it was noted that shockwave therapy and acupuncture were helping her pain. The note further stated that her medications were not helping. Among the medications that were not helping were Tylenol No. 3 and tramadol of an unknown dosage. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Ibuprofen 800 mg #100 one three times day anti-inflammatory for pain is not medically necessary. The California MTUS Guidelines recommend Non-Steroid Anti-Inflammatory Drugs (NSAIDs) at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The Guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. In cases of chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The literature reviewed suggested that Non-Steroid Anti-Inflammatory Drugs (NSAIDs) were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that Non-Steroid Anti-Inflammatory Drugs (NSAIDs) had more adverse effect than placebo and acetaminophen, but fewer effects than muscle relaxants or narcotic agents. Ibuprofen is recommended for osteoarthritis, rheumatoid arthritis, and off label for ankylosing spondylitis. The submitted documentation shows that this injured worker does not have the above diagnoses and has been using ibuprofen 800 mg since 11/11/2013, which exceeds the recommendations in the Guidelines. The clinical information submitted failed to meet the evidence-based guidelines for ibuprofen. Therefore, the request for Ibuprofen 800 mg #100 is not medically necessary.

Omeprazole 20mg #60 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg #60 daily is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indications for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer; GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker does not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks of gastrointestinal events. The need for the use of omeprazole was not clearly demonstrated in the submitted material. Therefore, the request for Omeprazole 20 mg #60 daily is not medically necessary.

Ketoralac 60mg with Xylocaine 1ml given in upper arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Ketoralac 60 mg with Xylocaine 1 ml given in upper arm is not medically necessary. The California MTUS Guidelines recommend Non-Steroid Anti-Inflammatory Drugs (NSAIDs) at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The Guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Ketorolac is not indicated for minor or chronic painful conditions. This injured worker's pain is documented to be of the chronic type. Additionally, the request did not specify frequency of administration. Therefore, the request for Ketoralac 60 mg with Xylocaine 1 ml given in upper arm is not medically necessary.