

Case Number:	CM14-0096772		
Date Assigned:	07/23/2014	Date of Injury:	07/06/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old male who was reportedly injured on July 6, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 1, 2014, indicates that the injured employee has improved greatly and wishes to attempt return to regular work. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and a fusion at L4-L5 and a posterior decompression/discectomy at L4-L5 and L5-S1. A request had been made for Medrox ointment, ketoprofen capsules, omeprazole and hydrocodone/APAP and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Medrox ointment is a topical analgesic ointment containing Methyl Salicylate 20.00%, Menthol 5.00% and Capsaicin 0.0375%. The California Medical Treatment Utilization Schedule notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that the injured employee has any current radicular symptoms or that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the California Medical Treatment Utilization Schedule this request for Medrox is not medically necessary.

Ketoprofen 75mg capsule #30, 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of anti-inflammatories as a first-line agent for the management of chronic pain. Based on the clinical documentation provided, the injured employee has had lumbar spine surgery about nine months ago. Considering this, the request for ketoprofen is medically necessary.

Hydrocodone-APAP 10-325mg tablet, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Omeprazole DR 20mg capsule, #30, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the claimant does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for omeprazole is not medically necessary.