

Case Number:	CM14-0117297		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2012
Decision Date:	01/06/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family 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:

This injured worker's date of injury is 08/27/2012. This patient receives treatment for chronic low back pain and left knee pain, which arose while working as a custodian. There were no medical records regarding the original injury. The original presentation included low back pain which radiated to both legs associated with weak feelings in the legs and the legs giving out. The patient was treated with physical therapy and the patient was placed on light duties. The patient also complains about left knee pain. The patient takes Ketoprofen, Omeprazole, Orphenadrine and Medrox ointment. The patient had MRIs of the lumbar spine and left knee. Radiology reports were not provided. The medical diagnoses include: lumbar radiculopathy and multiple sclerosis (a non-industrial problem).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30: Upheld

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

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

Decision rationale: NSAIDS are not medically indicated to treat chronic pain, which this patient has. NSAIDS are medically indicated to treat exacerbations of chronic low back pain when used as a second-line treatment after acetaminophen. Using NSAIDS to treat chronic low back pain exposes the patient to an unacceptable level of GI, cardiovascular, and renal complications. Ketoprofen is not medically indicated.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI), which may be medically indicated to treat peptic ulcer disease, GERD, or the GI complications (GI bleeding) from NSAIDS in patients who have documented histories of these complications. There is no such documentation of GI complications for this patient. Omeprazole is not medically indicated.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Orphenadrine is a muscle relaxer. As such, it is only recommended to be used with caution as a second-line treatment for the short-term management of acute exacerbations of chronic low back pain. This patient is taking the medication over the long-term. Orphenadrine can cause anticholinergic side effects, which include drowsiness, dry mouth, and urinary retention. These have not been addressed in the documentation. Orphenadrine is not medically indicated.

Medrox pain relief ointment (Bengay): Upheld

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

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

Decision rationale: Medrox is a topically applied compounded medicinal sold over the counter and marketed for the temporary relief of sore joints and limbs. Medrox contains menthol and capsaicin. Topical analgesics are not medically indicated to treat chronic pain and are considered experimental. In addition, Any compounded product that contains at least one drug (or drug

class) that is not recommended is not recommended. Medrox contains menthol, which is not medically indicated to treat any chronic pain disorder. Capsaicin may be medically indicated to treat peripheral neuralgia, which this patient doesn't have. Medrox is not medically indicated.