

Case Number:	CM14-0193805		
Date Assigned:	12/01/2014	Date of Injury:	07/31/2011
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine; has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of 07/31/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 09/29/2014 indicated the worker was experiencing lower back pain that went into the left buttock and hip, left leg numbness and tingling, left knee pain with popping and episodes of collapsing, and left foot and ankle pain with swelling. No additional clinical records were submitted for review. The documented examination described tenderness at the bones of the pelvis on both sides; no other findings were described. The submitted and reviewed documentation concluded the worker was suffering from internal derangement of the left knee, injury of the outer left ankle ligament, left hip strain, and left knee chondromalacia with probable meniscal tear(s). Treatment recommendations included oral and topical pain medication, a medication to protect the gut, consultation with a pain management specialist, and follow up care. A Utilization Review decision was rendered on 10/31/2014 recommending non-certification for four ounces of Keratek gel with three refills, sixty capsules of omeprazole 20mg with three refills, and sixty capsules of Celebrex (celecoxib) 200mg with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Keratek gel 4 oz. with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The requested medication is a compound containing medications in the topical general pain reliever (menthol 16%) and the non-steroidal anti-inflammatory (NSAID; methylsalicylate 28%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. They are specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. There was no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for four ounces of Keratek gel with three refills is not medically necessary.

60 capsules of Omeprazole 20 mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor (PPI) class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted treating physician note indicated the worker was experiencing lower back pain that went into the left buttock and hip, left leg numbness and tingling, left knee pain with popping and episodes of collapsing, and left foot and ankle pain with swelling. There was no documentation of symptoms or findings suggesting the worker was experiencing any of the conditions this medication is used to treat or supported by the Guidelines. In the absence of such evidence, the current request for sixty capsules of omeprazole 20mg with three refills is not medically necessary.

60 capsules of Celebrex 200 mg with 3 refills: Upheld

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

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

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted treating physician note indicated the worker was experiencing lower back pain that went into the left buttock and hip, left leg numbness and tingling, left knee pain with popping and episodes of collapsing, and left foot and ankle pain with swelling. There was no recorded individualized risk assessment. There was no documentation describing significant improved pain intensity or function with the use of this medication. In the absence of such evidence, the current request for sixty capsules of Celebrex (celecoxib) 200mg with three refills is not medically necessary.