

Case Number:	CM15-0188210		
Date Assigned:	09/30/2015	Date of Injury:	09/26/2005
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 9-26-05. The injured worker is being treated for chronic L4, 5 and S1 radiculopathy, status post lumbar fusion, degenerative disc disease of the lumbar spine, multiple (HNP) herniated nucleus pulposus of lumbar spine, adjacent segment disease at l4-5, degenerative disc disease of the cervical spine radiculopathy and multilevel disc herniation of cervical spine, oral intolerance to NSAIDs and facet arthropathy of the lumbar spine. Treatment to date has included transforaminal epidural steroid injections, 13 sessions of chiropractic care (minimal relief), 8 sessions of acupuncture (minimal relief), transcutaneous electrical nerve stimulation (TENS) unit (mild relief), oral medications including Norco Elavil, Prilosec, Hydrocodone, Vicodin, Ultracet, Tylenol, Aleve and Advil; topical medications including Menthoderm gel and Capsaicin cream; lumbar fusion and activity modifications. On 7-8-15, the injured worker complains of a stabbing neck pain rated 6 out of 10 with radiating to bilateral upper extremities with numbness in his fingers and radiation to head causing headaches; intermittent stabbing mid back pain rated 4 out of 10 with radiation to his ribs and stomach and constant stabbing low back pain rated 6 out of 10 with radiation down his bilateral lower extremities and numbness in left leg. Stomach irritation due to Advil is noted. He notes medications decrease his pain 60% and help him walk more and perform more regular activities and the cream helps with pain and numbs up the pain. He is not currently working. Physical exam performed on 7-8-15 revealed an antalgic gait, well healed surgical site, tenderness to palpation of cervical and lumbar spine with spasms noted, restricted range of motion of cervical and lumbar spine and decreased sensation of C5 and C6 and L4, 5 and S1 dermatomes. The treatment plan included request for authorization for Omeprazole 20mg #60, Ketoprofen 20%, follow up appointment and continuation of Norco and Elavil. On 9- 3-15 a request for Omeprazole 20mg #60 and Ketoprofen 20% was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 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, Pain, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005 occurring while pulling a reel from a machine. He continues to be treated for neck, low back pain, and right arm, and knee pain. When seen, he was having increasing right arm and right knee pain and difficulty sleeping. Medications had included Advil which had been discontinued due to stomach irritation. There was an antalgic gait. There was cervical and lumbar tenderness and spasms with decreased range of motion. There was decreased upper and lower extremity strength and sensation. Norco, Prilosec, and Elavil were refilled. A trial of ketoprofen cream was started. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. The requested Ketoprofen 20% cream is not considered medically necessary.

1 container of Ketoprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005 occurring while pulling a reel from a machine. He continues to be treated for neck, low back pain, and right arm, and knee pain. When seen, he was having increasing right arm and right knee pain and difficulty sleeping. Medications had included Advil which had been discontinued due to stomach irritation. There was an antalgic gait. There was cervical and lumbar tenderness and spasms with decreased range of motion. There was decreased upper and lower extremity strength and sensation. Norco, Prilosec, and Elavil were refilled. A trial of ketoprofen cream was started. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is no longer taking an oral NSAID. The continued prescribing of omeprazole is not considered medically necessary.