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| Case Number: | CM15-0029498 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: California

Certification(s)/Specialty: Emergency Medicine

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 female, who sustained an industrial injury on 09/10/2013. She has reported subsequent low back pain and was diagnosed with herniated nucleus propulsus of the lumbar spine and spinal stenosis. Treatment to date has included oral and topical pain medication, injections and physical therapy. In a progress note dated 11/19/2014, the injured worker complained of low back pain that was rated as a 7-8/10 with left leg symptoms. She also complained of nausea and vomiting due to pain and felt as if she had a hernia in the groin region. Objective physical examination findings were notable for an antalgic gait and tenderness to palpation of the cervical and lumbar spine midline and paraspinal muscles and decreased range of motion. The physician noted that Ketoprofen cream should be continued to minimize oral pain medication usage. Norco was noted to help reduce the injured worker's pain and allow for increased level of function. The physician noted that the she had previously benefited from Prilosec for medication induced gastritis. A request for authorization of Omeprazole, Ketoprofen cream and APAP with codeine was made. On 01/16/2015, Utilization Review non-certified requests for Omeprazole and Ketoprofen cream, noting that the documentation didn't show that the injured worker was at increased risk of gastrointestinal events to support Omeprazole and that there was no documentation that Ketoprofen cream was efficacious in the treatment of pain. Utilization review modified a request for APAP with Codeine from quantity of 90 to quantity of 81, noting that there was no documentation of functional improvement and that the medication should be weaned. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apap w/Codeine 300/30mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Apap w/Codeine 300/30mg qty 90 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that was rated as a 7-8/10 with left leg symptoms. She also complained of nausea and vomiting due to pain and felt as if she had a hernia in the groin region. Objective physical examination findings were notable for an antalgic gait and tenderness to palpation of the cervical and lumbar spine midline and paraspinal muscles and decreased range of motion. The treating physician has documented that she had previously benefited from Prilosec for medication induced gastritis. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Apap w/Codeine 300/30mg qty 90 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The requested Omeprazole 20mg #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain that was rated as a 7-8/10 with left leg symptoms. She also

complained of nausea and vomiting due to pain and felt as if she had a hernia in the groin region. Objective physical examination findings were notable for an antalgic gait and tenderness to palpation of the cervical and lumbar spine midline and paraspinal muscles and decreased range of motion. The treating physician has documented that she had previously benefited from Prilosec for medication induced gastritis. The treating physician has documented a history of medication-induced GI complaints but has not documented the medical necessity for dosage beyond guideline recommendations of once daily dosage. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.

Ketoprofen cream 20% x1: 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 Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 68-69, 111-112.

Decision rationale: The requested Ketoprofen cream 20% x1 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID's have the potential to raise blood pressure in susceptible patients. The injured worker has low back pain that was rated as a 7-8/10 with left leg symptoms. She also complained of nausea and vomiting due to pain and felt as if she had a hernia in the groin region. Objective physical examination findings were notable for an antalgic gait and tenderness to palpation of the cervical and lumbar spine midline and paraspinal muscles and decreased range of motion. The treating physician has documented that she had previously benefited from Prilosec for medication-induced gastritis. The treating physician has documented a history of medication-induced GI complaints but has not documented the medical necessity for topical creams for spinal conditions for which guidelines do not recommend this treatment. The criteria noted above not having been met, Ketoprofen cream 20% x1 is not medically necessary.