

Case Number:	CM15-0054721		
Date Assigned:	03/30/2015	Date of Injury:	12/16/2013
Decision Date:	05/05/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on December 16, 2013. He reported lifting and moving heavy equipment, feeling pain in his back. The injured worker was diagnosed as having lumbar spine disease, L5-S1 herniated nucleus pulposus (HNP) with right foraminal narrowing and right lower extremity radiculopathy. Treatment to date has included acupuncture, cortisone injection to the back, TENS, MRI, physical therapy, and medication. Currently, the injured worker complains of pain in the lower back with numbness and tingling radiating from the lower back to the ankle. The Treating Physician's report dated January 13, 2015, noted the injured worker with decreased range of motion (ROM) of his lumbar spine with tenderness over the L5-S1 bilaterally with paraspinous myospasms. The treatment plan was noted to include medication refills and follow up with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto ointment 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, page 56 and Topical Analgesics, Ketamine, page 113.

Decision rationale: The MTUS Chronic Pain Guidelines state that Ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the case of this worker, there was insufficient evidence found from the documents provided for review to suggest all other treatment options were tried before Ketamine ointment was considered. Therefore, the Keto ointment is not medically necessary at this time.

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 MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest he was at an elevated risk for gastrointestinal events to warrant ongoing and chronic use of a PPI. Therefore, the omeprazole will be considered not medically necessary.