MAXIMUS Federal Services

| Case Number: | CM15-0057886 | | |
|---|---|---|---|
| Date Assigned: | 04/02/2015 | Date of Injury: | 09/20/2004 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

## 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old female who reported an injury on 09/20/2004. The mechanism of injury involved a fall. The current diagnoses include bilateral sacroiliac dysfunction, lumbar radiculitis, lumbar facet arthropathy, lumbar myofascial strain, and lumbago. The injured worker presented on 02/10/2015 for a follow-up evaluation regarding low back pain, right leg pain, neck pain, and right arm symptoms. The injured worker had been previously treated with a lumbar epidural steroid injection at L5-S1 on 10/18/2014 without relief of symptoms. The injured worker continues to report contain low back pain with radiating symptoms into the right lower extremity. Previous conservative treatment also includes 24 sessions of physical therapy, 38 sessions of acupuncture, and medication management. The current medication regimen includes Norco 5/325 mg, Elavil 25 mg, Prilosec 20 mg, fenoprofen 400 mg, Cymbalta, and a ketoprofen cream. Upon examination, there was 5/5 motor strength in the bilateral upper extremities, intact sensation, hypertonicity in the paraspinal muscles from L4-S1 bilaterally, tenderness to palpation over the bilateral SI joints, bilateral lumbar paraspinal tenderness, right greater trochanter tenderness, cervical paraspinal muscle tenderness, trapezius tenderness, limited lumbar extension, positive facet loading bilaterally, positive faber's test, positive Gaenslen's maneuver, and positive SI thigh thrust test. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/10/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**1 prescription of Ketoprofen cream 20%:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the current request for a compounded cream containing ketoprofen would not be supported. In addition, there is no frequency or quantity listed in the request. As such, the request is not medically appropriate.

**1 prescription of Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state at therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured

worker continues to report constant pain. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**1 prescription of Elavil 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** The California MTUS Guidelines state amitriptyline is recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**1 follow up consultation with surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the injured worker's electrodiagnostic studies of the bilateral upper extremities in 01/2015 revealed normal findings. The medical necessity for a follow-up evaluation with a surgeon has not been established. The medical rationale for an additional follow-up visit was not provided within the documentation. Given the above, the request is not medically appropriate at this time.