

Case Number:	CM15-0059840		
Date Assigned:	04/06/2015	Date of Injury:	01/19/1999
Decision Date:	05/29/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 01/19/1999. The diagnoses have included lumbar radiculopathy; observation and evaluation for unspecified suspected condition; internal derangement of knee not otherwise specified and sprains and strains of ankle. The injured worker presented on 12/17/2014 for a followup evaluation with complaints of severe back, bilateral shoulder, and bilateral lower extremity pain. The injured worker also reported recurrent falls. Upon examination of the lumbar spine, there was paravertebral muscle tenderness with spasm, restricted range of motion, normal deep tendon reflexes, intact sensation and motor strength, and positive straight leg raising on the left. Examination of the bilateral knees revealed tenderness to palpation over the joint line with positive McMurray's sign and minimal effusion noted on the right. The left ankle was tender to palpation. A large and tender lump was noted on the lateral aspect of the right ankle and foot. Sensation was slightly decreased in the dorsum of the left foot. Treatment recommendations included a refill of orphenadrine ER 100 mg, tramadol HCl 50 mg, ketoprofen 75 mg, omeprazole 20 mg, Ambien 10 mg, and capsaicin cream. A request for authorization form was then submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Tramadol Hydrochloride 50mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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

Decision rationale: California MTUS Guidelines state a 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. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no evidence of a written consent or an agreement for chronic use of an opioid. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically necessary.

30 capsules of Omeprazole delayed-release 20mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

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 necessary.

60 tablets of Orphenadrine extended-release 100mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. Guidelines do not recommend long term use of this medication; therefore, the request for 2 additional refills would

not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

60 capsules of Ketoprofen 75mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is unclear how long the injured worker has utilized the above medication. Guidelines would not support 2 additional refills, as long term use of NSAIDs is not recommended. There is also no frequency listed in the request. Given the above, the request is not medically necessary.