

Case Number:	CM15-0085960		
Date Assigned:	05/08/2015	Date of Injury:	06/02/2013
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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 44 year old female with an industrial injury dated 6/02/2013. The injured worker's diagnoses include neck sprain, back sprain and left arm sprain. Treatment consisted of diagnostic studies, prescribed medications, chiropractic treatment and periodic follow up visits. In a progress note dated 4/24/2015, the injured worker reported neck, back and left upper extremity pain. The injured worker rated her pain an 8/10 and a 4/10 with medications. Objective findings revealed bilateral tenderness and spasms of the cervical and trapezius muscles and L3-5 paraspinal muscles, decrease range of motion of the cervical and lumbar spine and spasms of the left forearm muscles. Treatment plan included medication management. The treating physician prescribed 2 Ketoprofen Cream 20% , 60 tablets of Prilosec delayed release 20mg, 60 tablets of Fenoprofen 400mg , and 30 Lidocaine patches 5% now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ketoprofen Cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: As per MTUS guidelines, Any compound product that contains a drug or drug class that is not recommended is not recommended. This is a compounded product since Ketoprofen is not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended.

60 tablets of Prilosec delayed release 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 69-70.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Fenoprofen but in this review and UR, it is not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.

60 tablets of Fenoprofen 400mg: Overturned

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 NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Fenoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation shows improvement in pain and some improvement in function with current medication with appropriate monitoring of side effects. Number of tablets requested allows for close monitoring for side effects. Fenoprofen is medically necessary.

30 Lidocaine patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. It may be considered after failure of 1st line treatment. Patient has no exam consistent with neuropathy. Patient has reported "allodynia" and has never even attempted any 1st line medications. Lidocaine patch is not medically necessary.