

Case Number:	CM14-0114510		
Date Assigned:	08/04/2014	Date of Injury:	04/12/2002
Decision Date:	10/08/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 04/12/2002. The mechanism of injury was not provided. The diagnoses included thoracic or lumbosacral neuritis/radiculitis, sprain/strain of the ankle, and closed ankle fracture. Past treatment included pain medications and exercise. It was noted on 06/24/2014 that the injured worker reported low back pain radiating into the lower extremities, paresthesia, numbness, and significant loss of function. The physical examination findings revealed spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with decreased range of motion. There was also decreased sensation bilaterally in the S1 dermatomes with pain. Medications included orudis 75mg #90, and anaprox 550mg #90. The treatment plan was for orudis 75mg #90. The prescribing physician noted in the medical record that since tramadol was no longer a part of the medication regimen, the injured worker's pain had increased and there was a significant loss of function and inability to perform exercises to improve function. Thus, the physician prescribed orudis for pain relief and the promotion of functional improvement. The request for authorization form was not provided for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orudis 75mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs: (Ketoprofen).

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

Decision rationale: The request for orudis 75mg # with 5 refills is not medically necessary. The California MTUS chronic pain guidelines state that, NSAIDs are, recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and, there is no evidence of long-term effectiveness for pain or function. The injured worker has been treated with pain medications and exercise. It was noted within the medical record that the injured worker had reported that the use of orudis was more effective than other NSAIDs he had taken for pain. There was no documentation of numeric pain scale ratings in the medical record to compare and evaluate the effectiveness of orudis in providing the injured worker with pain relief. In addition, there was no documentation of the injured worker's functional status to support the effectiveness of orudis in reducing pain to improve function. As outlined in the guidelines above, in the absence of evidence to reflect pain relief and functional improvement the request for orudis is not recommended. Additionally the frequency was not included with the request. As such the request is not medically necessary.