

Case Number:	CM14-0120711		
Date Assigned:	09/16/2014	Date of Injury:	01/15/1997
Decision Date:	10/23/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, upper back, and lower back pain reportedly associated with an industrial injury of January 15, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee surgery; topical compounds; and dietary supplements. In a Utilization Review Report dated June 17, 2014, the claims administrator denied a request for Dilaudid, Ketofen ointment, and an NESP-R program. The applicant's attorney subsequently appealed. In a progress note dated April 29, 2014, the applicant presented reporting severe, 10/10 low back pain. The applicant then stated that her pain scores would be 10+/10 without medications. The applicant had apparently used Dilaudid in amounts above and beyond those prescribed, it was stated, following knee surgery some four weeks prior. The attending provider stated that he wish the applicant to attend a functional restoration program which he was a part-owner of. The attending provider stated that he was unwilling to allow to the applicant to attend any other functional restoration program. A variety of medications, including Dilaudid, fentanyl, Theramine, Trepidone, Celebrex, Fioricet, Ambien, and Ketofen ointment were endorsed. The applicant was asked to remain off of work. Urine drug screen was endorsed. In an earlier note dated March 15, 2014, the applicant again reported persistent complaints of knee pain. The applicant was pending a non-industrial right knee surgery. 10/10 pain with medications was noted versus 10+/10 pain without medications. Fentanyl, Dilaudid, Celebrex, Fioricet, Ambien, Ketofen ointment, Trepidone, and Theramine were all issued while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): page 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing Dilaudid usage. The applicant continues to report pain complaints in the severe, 10/10 range, despite ongoing Dilaudid usage. The attending provider has failed to recount any material improvements in function achieved as a result of ongoing Dilaudid usage. Therefore, the request for Dilaudid is not medically necessary.

Ketofen ointment 240mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Analgesics topic. Page(s): 112-113.

Decision rationale: One of the ingredients in the compound is ketoprofen. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Ketofen Ointment is not medically necessary.

NESP-R program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Chronic Pain Programs topic. Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program is evidence that an applicant is willing to forego secondary gains, including disability payments, in an effort to try and improve. In this case, however, there is no indication that the applicant is motivated to

try and improve. There is no evidence that the applicant is willing to forego disability payments in an effort to try and improve. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that other criteria for pursuit of a functional restoration program include an absence of other options likely to result in significant clinical improvement. In this case, however, the attending provider has not clearly outlined why the applicant cannot continue her rehabilitation through less intense means, such as conventional outpatient office visits, psychological counseling, etc. Therefore, the request for NESP-R Program is not medically necessary.