

Case Number:	CM14-0125823		
Date Assigned:	08/13/2014	Date of Injury:	06/07/2012
Decision Date:	10/09/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This case involves a 55-year-old male who has submitted a claim for right lumbar spine radiculopathy, lumbar spine disk protrusion with annular tear at L5-S1 associated with an industrial injury date of June 7, 2007. Medical records from February 2014 to July 2014 were reviewed and showed moderate low back pain 3-4/10; however, no radicular pain or numbness. Physical exam from latest progress notes dated 07/16/2014 showed limited ranges of motion of the lumbar spine and tenderness over the paraspinals. Treatment to date has included lumbar spine fusion of L4-S1 last 04/17/2013, physical therapy, and medications including Ketoprofen (since July 2012), Soma (since February 2014), and Colace (since at least February 2014) for constipation due to medications. Utilization review, dated July 23, 2014, denied the request for Ketoprofen cap 75mg day supply: 30 QTY 90 and Docolace cap 100mg day supply: 30 QTY: 60 because there was no detailed indication for use of such medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cap 75mg day supply: 30 qty: 90 refills: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS

Decision rationale: As stated on page 67 CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Official Disability Guidelines (ODG) likewise states that NSAIDs are recommended for acute pain, acute low back pain, short-term pain relief in chronic low back pain, and short-term improvement of function in chronic low back pain. In this case, the patient has been taking Ketoprofen since July 2012, which is clearly beyond the recommended guidelines for NSAID use. Likewise, the patient still complained of low back pain, 3-4/10 and physical examination remained to show limited ranges of motion for the lumbar spine. Medical records provided did not clearly state why Ketoprofen remains to be prescribed. Therefore, the request for Ketoprofen cap 75mg day supply: 30 QTY: 90 refills: 00 is not medically necessary.

Docolace cap 100mg day supply: 30 qty: 60 refills: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, Docusate

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid therapy. The Food and Drug Administration (FDA) states that sodium docusate (Docolace) is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. In this case, docusate has been prescribed since February 2014, as needed for constipation due to medications. However, the patient is not taking any opioids nor is there a mention regarding future plans of prescribing opioids. The patient is only taking Ketoprofen. Recent medical records provided did not mention any problems with defecation or constipation. There is no clear indication for this medication. Therefore, the request for Docolace cap 100mg day supply: 30 QTY: 60 refills: 00: is not medically necessary.