

Case Number:	CM14-0127654		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2011
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/12/2014

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 56-year-old female who reported an injury on 12/12/2011. The mechanism of injury was not submitted in the review. The injured worker has a diagnoses of lumbar sprain/strain. Past medical treatments consist of acupuncture, injections, physical therapy, and medication therapy. Medications consist of Ketoprofen, Lidoderm 5% patches, Omeprazole, Orphenadrine, Tramadol, Hydrocodone and Naproxen. The injured worker underwent an MRI of the thoracic spine. On 08/22/2014 the injured worker complained of lumbar back pain. Physical examination revealed paraspinal muscles were tender. There was also spasm present. Range of motion was restricted. Deep tendon reflexes were normal and symmetrical. Motor strength was grossly intact. Sensation was grossly intact. Straight leg raising test was positive bilaterally. The treatment plan is for the injured worker to continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30 Refills 2: 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, specific drug list & adverse effects Page(s): 70-72.

Decision rationale: The request for Ketoprofen 75mg #30 refills 2 is not medically necessary. The MTUS Guidelines state that nonselective NSAIDs, such as Ketoprofen inhibits prostaglandin synthesis by decreasing the activity of the enzymes COX-1, and COX-2, which result in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class or another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence of long term effectiveness for pain or function. The guidelines recommend that Ketoprofen be given at its lowest effective dose, which is 50 mg. Given that the request is for 75 mg exceeds the MTUS Guidelines. The submitted report also lacked any documentation on the functionality of the Ketoprofen effectiveness. Furthermore, there was no documentation showing whether the Ketoprofen helped with the injured worker's functional deficits. The submitted request failed to include the duration of the requested medication. Additionally, guidelines recommend anti-inflammatory's for first line treatment, but do not recommend them for long term. As such, the request for Ketoprofen 75mg #30 refills 2 is not medically necessary.

Omeprazole 20mg #30, Refill 2: 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 PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Omeprazole 20mg #30, refill 2 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence as to how long the injured worker was using any NSAIDs and the efficacy of the medication. Furthermore, there was no documentation indicating that the injured worker had any complaints of dyspepsia with the use of medication, cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include a duration of the medication. As such, the request for Omeprazole 20mg #30, refills 2 is not medically necessary.

Orphenadrine ER 100mg #60, Refills 2: 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 Muscle relaxants (for pain), (Orphenadrine), Page(s): 63-65.

Decision rationale: The request for Orphenadrine ER 100mg #60, refills 2 is not medically necessary. According to the California MTUS, Orphenadrine is a non-sedating recommended muscle relaxant with caution as a secondary line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The request submitted did not specify a frequency and duration of the medication. There was also no quantified information regarding pain relief. Additionally, the report lacked evidence as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS, average pain, intensity of pain or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, the submitted report lacked pertinent information regarding how long the medication had been in use for to date. Given the above, the request for Orphenadrine is not supported by the California MTUS Guideline recommendations. As such, the request for Orphenadrine ER 100mg #60, refills 2 is not medically necessary.

Tramadol HCL 50MG #60, Refill:2: 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 Tramadol Ongoing management Page(s): 82, 93, 94, 113 78.

Decision rationale: The request for Tramadol HCL 50mg #60, refills 2 is not medically necessary. The California MTUS state central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. California MTUS recommend that there should be documentation of the 4 a's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. According to the above, the injured worker is not within the MTUS Guidelines. The submitted report lacked the efficacy of the medication. It also did not indicate whether the medication was helping the injured worker with any functional deficits. There was no documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. As such, the request for Tramadol HCL 50mg #60, refills 2 is not medically necessary.

Hydrocodone Apap 10/325mg #60, Refill:2: 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 Hydrocodone/Acetaminophen, Ongoing Management Page(s): 91 78.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #60, refills 2 is not medically necessary. The California MTUS Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Given the above, the injured worker is not within the MTUS Guidelines recommended guidelines. The submitted report did not indicate whether the Hydrocodone/APAP was helping the injured worker with any functional deficits. Additionally, the submitted report did not indicate the efficacy of the medication. Furthermore, the submitted report did not indicate that there was documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. As such, the request for Hydrocodone/APAP 10/325mg #60, refills 2 is not medically necessary.