

Case Number:	CM14-0155320		
Date Assigned:	09/25/2014	Date of Injury:	09/16/2003
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 09/16/2013. The mechanism of injury was not provided. The surgical history included a posterior foraminotomy at C6-7 on 06/17/2004, an anterior cervical fusion at C5-7 on 05/18/2006, and a posterior fusion at C5-7 due to pseudarthrosis on 09/06/2007. The injured worker's medication history included Hydrocodone/APAP and Ketoprofen since at least 01/2014. Other therapies included acupuncture. The documentation of 07/11/2014 revealed the injured worker had ongoing neck and bilateral upper extremity complaints. The injured worker indicated her pain was getting worse. The injured worker was taking Norco 7.5/325 mg 3 times a day which decreased pain, naproxen 550 mg as needed to decrease pain and to allow her to exercise longer, and Norflex for muscle spasms. The injured worker was taking docusate for constipation due to medications. The injured worker was utilizing Ketoprofen topical cream for pain relief which allowed her to sleep better at night. Prior treatments included 18 sessions of acupuncture, Norco 7.5/325 mg 3 times a day, naproxen 550 mg as needed, Norflex 4 mg, docusate once daily, and Ketoprofen cream. The injured worker had shooting neck pain with spasms in the trapezius region radiating into the head and face. The physical examination revealed the injured worker had tenderness to palpation in the cervical spine. The motor examination was 5-/5 for the right biceps, wrist extensors, and wrist flexors. The injured worker had spasms into the left trapezius region. The diagnoses included chronic neck pain and herniated nucleus pulposus of the cervical spine. The treatment plan included a continuation of Norco, naproxen, Norflex, Docuprene, and Ketoprofen. The rationale was not provided. There was a Request for Authorization submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocone Apap 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was documentation the injured worker had a decrease in pain and was able to exercise longer. However, there was a lack of documentation of an objective decrease in pain and objective functional improvement and there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. There was documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone/APAP 7.5/325 mg #120 is not medically necessary.

Ketoprofen #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 01/2014. There was documentation the injured worker had a decrease in pain and was able to exercise longer. However, there was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency and strength of the medication. Given the above, the request for Ketoprofen #30 is not medically necessary.