

Case Number:	CM14-0185050		
Date Assigned:	11/12/2014	Date of Injury:	07/30/2013
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 neck and low back pain reportedly associated with an industrial injury of July 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; cervical pillow; and topical agents. In a Utilization Review Report dated October 26, 2014, the claims administrator denied request for oral ketoprofen and topical Voltaren. The applicant's attorney subsequently appealed. In an October 16, 2014 progress note, the applicant reported some improvement. The applicant was given diagnosis of neck pain and low back pain. The applicant was returned to regular duty work as of October 16, 2014, it was stated. Ketoprofen, omeprazole, Norflex, and Voltaren gel were endorsed. The stated diagnoses were cervical strain and lumbar strain. In a September 4, 2014 progress note, the applicant reported heightened complaints of low back pain. The attending provider has sought authorization for chiropractic therapy on the grounds that the applicant had not had recent treatment in six months. Ketoprofen, omeprazole, Norflex, and Voltaren gel were endorsed, along with a 10-pound lifting limitation. It was not readily apparent whether the applicant was or was not working as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg Capsules # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as ketoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. The applicant did demonstrate a favorable response to oral ketoprofen on an office visit of October 16, 2014, at which point it was noted that the applicant had returned to regular duty work and that the applicant was reporting an appropriate reduction in pain complaints. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Omeprazole Dr 20 mg # 30: Overturned

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, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines notes that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, in progress notes of October 16, 2014 and September 4, 2014, referenced above. Therefore, the request was not medically necessary.