

Case Number:	CM14-0214260		
Date Assigned:	01/07/2015	Date of Injury:	03/25/2011
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 low back and knee pain reportedly associated with an industrial injury of March 20, 2011. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve requests for oral ketoprofen and Colace (docusate). The claims administrator referenced progress notes ranging between September 2, 2014 and November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant received refills of ketoprofen, omeprazole, and Norflex through an RFA form. In an associated progress note of January 6, 2015, the applicant was placed off of work, on total temporary disability. The applicant was apparently trying to pursue a surgical authorization. The applicant reported issues with sleep dysfunction. Multiple medications, including ketoprofen, omeprazole, Norflex, Colace, Norco, and Ambien were endorsed while the applicant was kept off of work. There was no discussion of medication efficacy transpired. In a December 2, 2014 progress note, the attending provider again placed the applicant off of work, on total temporary disability, while ketoprofen, omeprazole, Norflex, Colace, and tramadol were endorsed. The applicant was, once again, kept off of work. The attending provider acknowledged that the applicant's pain was not well managed. On November 24, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. Multiple medications were renewed, including ketoprofen, omeprazole, orphenadrine, Colace, and Norco, again, without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg, #30 x 2 refills: Upheld

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, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: 1. No, the request for oral ketoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that 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 reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of ketoprofen. Ongoing usage of ketoprofen has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider continued to report, on multiple office visits, referenced above, that the applicant's pain management and pain control was poor, despite ongoing ketoprofen consumption. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ketoprofen. Therefore, the request was not medically necessary.

Docusate sodium 100mg, #90 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: 2. Conversely, the request for docusate (Colace), a stool softener/laxative, was medically necessary, medically appropriate, or indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was/is using a variety of opioids, including Norco, and tramadol. Prophylactically providing docusate (Colace), a stool softener/laxative, was indicated to combat any issues with opioid-induced constipation which may have arisen as a result of the same. Therefore, the request was medically necessary.

