

Case Number:	CM15-0110996		
Date Assigned:	06/17/2015	Date of Injury:	04/27/2013
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 49-year-old man sustained an industrial injury on 4/27/2013. The mechanism of injury is not detailed. Evaluations include a pelvic ultrasound dated 5/31/2013, lumbar spine MRI dated 6/29/2014, an undated right knee MRI, left knee x-rays dated 9/26/2014, and electromyogram/nerve conduction studies of the bilateral lower extremities dated 6/4/2014. Diagnoses include thoracic spine pain, lumbosacral sprain/strain, right groin pain, left knee pain, and gastritis. Treatment has included oral medications, epidural steroid injections, use of a cane, and physical therapy. Physician notes on a PR-2 dated 5/11/2015 show complaints of left knee pain rated 3-7/10 and giving way and lumbar spine pain rated 6-9/10. Recommendations include physical therapy, Ibuprofen, Omeprazole, Flurbiprofen cream, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy spine 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, the notes provided for review state that the worker had completed "courses" of physical therapy since his injury more than two years prior with at least a recent five sessions completed with temporary relief of pain and improvement in range of motion (body section not specified). This suggests that he had likely completed sufficient physical therapy to be able to transition to home exercises. It was not clear if the worker was unable to perform these exercises or if he was already doing them, as this was not included in the notes provided. Therefore, due to the above, the request for additional supervised physical therapy of the spine will be considered medically unnecessary.

Ibuprofen 800mg #60 x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient reporting included in the notes provided to specifically state how long the worker was taking ibuprofen and how often he used it and how effective it was at improving function and reducing pain. Regardless, the request for multiple refills of this medication suggests an intention to treat this worker chronically, beyond any acute injury, which is not recommended for the diagnoses provided, and carries significant risks. The worker already complained of stomach pain with its use. Therefore, due to the above reasons, the request for continuation of ibuprofen as requested will be considered medically unnecessary.

Omeprazole 20mg #60, x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he had been taking moderate amounts of ibuprofen, supposedly on a regular basis, and was experiencing gastritis. Omeprazole was recommended. However, there was insufficient evidence found in the notes available to suggest this worker was at a high risk of a gastrointestinal event to warrant chronic long-term use of omeprazole, which was implied by the request being for multiple month's worth of medication. This reviewer suggests that the ibuprofen is not appropriate for this worker and therefore, the omeprazole would not be needed anyway if the ibuprofen was discontinued. Therefore, the request for omeprazole will be considered medically unnecessary.

Flurbiprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pg 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the provider suggested to the worker to take both oral ibuprofen at moderate doses and use flurbiprofen topically. Using two NSAIDs is relatively contraindicated as risks associated with NSAIDs are only increased with multiple prescriptions. Also, the provider didn't specify for which body area the topical flurbiprofen was to be used. Regardless, this NSAID is not approved for chronic pain. Therefore, the request for flurbiprofen cream will be considered medically unnecessary at this time.