

Case Number:	CM15-0093570		
Date Assigned:	05/19/2015	Date of Injury:	03/19/2012
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This is a 43 year old male with a March 19, 2012 date of injury. Current diagnoses include cervical spine herniated disc with radiculopathy, status post right fifth finger laceration with residual mild loss of motion and weakness of right upper extremity, chronic low back strain, depression, anxiety, difficulty sleeping. Evaluation to date has included electromyogram/nerve conduction velocity study of the upper extremities (May 31, 2013; showed mild left ulnar neuropathy across the elbow), electromyogram/nerve conduction velocity of the lower extremities (August 20, 2013; showed pattern consistent with left L5 radiculopathy and bilateral sensory polyneuropathy and a left L5 and S1 radiculopathy), magnetic resonance imaging of the cervical spine (February 28, 2014; showed disc bulge with impingement of the nerve root and straightening of the cervical spine suggestive of spasm), and magnetic resonance imaging of the lumbar spine (February 28, 2014; showed straightening of the lumbar spine suggestive of spasm, disc bulge, narrowing of the neural foramina bilaterally). Treatment has included physical therapy, cervical and lumbar epidural steroid injections, back bracing, transcutaneous electrical nerve stimulator unit, home exercise program, use of lumbar support, and medications. A Qualified Medical Examination in October 2014 notes that the injured worker had reported prior complaints of heartburn and nocturnal regurgitation attributed to gastroesophageal reflux disease (GERD) with prior upper endoscopy in 2011 which showed gastritis which was determined to be non-industrial, and improvement of symptoms after discontinuation of work activities. An Agreed Medical Examination from November 2014 notes that the injured worker's last date of work was November 2012 and that he was currently not working. It was noted that

Prilosec was prescribed in 2012. Ketoprofen was prescribed in November 2014 and omeprazole was prescribed in December 2014. A progress note dated March 25, 2015 documents subjective findings of bilateral arm pain, lumbar spine pain slightly reduced and slight improvement in range of motion, low back pain rated at a level of 5-6/10, tingling and numbness from both knees to both feet, pain with pressure in the neck and stiffness rated at a level of 6/10, right arm pain rated at level of 7/10, left arm pain rated at a level of 6/10, left hand pain rated at a level of 4/10, right hand pain rated at a level of 5/10, bilateral hand weakness and difficulty gripping, pain in bilateral feet rated at a level of 5-6/10 with flexion/extension, difficulty sleeping, anxiety, and headaches twice a week. Physical examination showed well healed scar over the right outer fifth finger, sensory loss to the fingers, tenderness to palpation over right fifth finger, increasing lower back pain towards terminal range of motion, muscle guarding present, pain radiates down both legs with forward flexion, more on the left, twisting back produces radiating pain to legs, and positive Tinel's at the right elbow. It was noted that ketoprofen causes stomach issues. The injured worker was noted to be performing home exercise regularly. The treating physician documented a plan of care that included Ketoprofen, Omeprazole, Soma, and a large yoga mat. It was noted that the injured worker was not working at this time. Work status was noted as may return to work with restrictions. Ketoprofen, omeprazole, and soma were again prescribed in April of 2015. On 4/20/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary, Knee & Lumbar Spine, Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This injured worker has chronic multifocal pain including chronic back pain. Ketoprofen has been prescribed for at least five months. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short

term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Some blood pressure readings were recorded in the documentation submitted, but no laboratory monitoring was submitted. It was noted that ketoprofen caused stomach issues; however, this medication was continued. There was no documentation of functional improvement as a result of use of ketoprofen. Return to work was not documented, there was no discussion of improvements in activities of daily living, there was no documentation of decrease in medication use, and there was no decrease in the frequency of office visits. Due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity with documented stomach issues as a result of use of ketoprofen, the request for ketoprofen is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular issues Page(s): 72, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed ketoprofen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Omeprazole (prilosec) was prescribed for at least four months and possibly for more than one year. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. It was noted that the injured worker had a prior diagnosis of gastroesophageal reflux disease (GERD) and gastritis, but there was no current discussion of any GERD or gastritis symptoms. Stomach issues as a result of use of ketoprofen were noted, without further discussion. If one were to presume that a medication were to be the cause of the undescribed gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. In this case, there is no evidence of any attempts to determine the cause of symptoms, including no attempts to adjust medications. There was no recent abdominal examination documented. Due to lack of specific indication, and potential for toxicity, the request for omeprazole is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic multifocal pain including chronic back pain. Soma has been prescribed for at least three weeks. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for several weeks and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to length of prescription in excess of the guidelines, and due to the guideline recommendation against chronic use, the request for soma is not medically necessary.

Large yoga mat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines yoga Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: yoga knee/leg chapter: durable medical equipment.

Decision rationale: The MTUS and ODG state that yoga is recommended as an option only for selected highly motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. In this case, the injured worker was noted to be performing regular home exercise, but the use of yoga was not discussed. The current request is for a yoga mat. The specific indication for a yoga mat was not documented by the treating physician. Per the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is defined as equipment, which can withstand repeated use, i.e., could normally be rented, and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. A yoga mat does not meet the definition of durable medical equipment, as it is not customarily used to serve a medical purpose and may be useful even in the absence of illness or injury. As there was no discussion of the use of yoga for this injured worker, including lack of discussion of patient motivation, and as a yoga mat does not meet the definition of durable medical equipment, the request for a yoga mat is not medically necessary.