

Case Number:	CM13-0051537		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2013
Decision Date:	06/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 patient is a 48 year old male who was injured on 02/10/2013. He sustained an injury to a burglary call and confronted a suspect who was non-compliant and had to be restrained. During this encounter, he experienced low back pain and about an hour later, his back stiffened and had difficulty moving. Prior treatment history has included physical therapy and medications including Relafen 750 mg, Tylenol 500 mg, Ketoprofen, Omeprazole Orphenadrine, Hydrocodone, Flexeril, Polar Frost; cold pack, custom touch heating pad and back support. A PR2 dated 02/04/2014 indicates the patient now has numbness and tingling down his right leg. The numbness and tingling is more frequent but he reports that when he sits for prolonged periods of time, his entire right leg goes numb. On exam, the paraspinal muscles are tender to palpation and spasm is present. Range of motion is restricted. Sensation is decreased in the left L5 dermatomal distribution. Straight leg raise test is positive bilaterally. Impression is lumbar radiculopathy. The treatment and plan include an authorization request for MRI of the lumbar spine as he has new symptoms including radiation of pain down to the right leg and the numbness and tingling is more frequent. The patient is instructed to continue his medications as before. A prior utilization review dated 10/15/2013 documents authorization is denied for Omeprazole, Ketoprofen, Orphenadrine ER, and Norco due to lack of evidence to support the patient's functional response or lack thereof to each medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 KETOPROFEN 75MG WITH TWO REFILLS BETWEEN 9/2/2013 AND 12/31/2013:
Upheld

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 (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Ketoprofen (NSAIDs) is recommended for chronic lower back pain as an option for short-term symptomatic relief. NSAIDs should be used at the lowest dose for the shortest duration possible. The medical records submitted for review indicate that the patient has chronic lower back pain associated with numbness and tingling down his right leg. He was previously treated with acetaminophen without any relief. Medical records fail to document objective pain reduction or functional improvement due to use of this medication. Consequently, the request is not medically necessary and appropriate.

30 OMPRAZOLE 20MG WITH TWO REFILLS BETWEEN 9/10/2013 AND 1/1/2014:
Upheld

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 & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Omeprazole is a proton pump inhibitor, which is recommended for patients at intermediate risk for gastrointestinal events or dyspepsia secondary to NSAID therapy. In this case, the patient has been prescribed Ketoprofen; however, there is no documentation that the patient has a history of adverse gastrointestinal events due to NSAIDs. The patient is not noted to be at intermediate or high risk of gastrointestinal events. The need for chronic use of NSAIDs is not clearly demonstrated. The request is therefore not medically necessary and appropriate.

60 ORPHENADRINE ER 100MG WITH TWO REFILLS BETWEEN 9/10/2013 AND 12/31/2013: Upheld

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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-65.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Orphenadrine is a muscle relaxer, which is used to decrease muscle spasm. In this case, this patient has chronic lower back pain associated with numbness and tingling down his right leg. On physical exam, there is documentation that spasm is present. Guidelines recommend use of muscle relaxers on a short-term basis on the order of several weeks. Chronic use, as in this case, is not recommended. Additionally, the medical records provided for review fail to establish objective functional improvement or pain reduction due to use of this medication. The request is therefore not medically necessary and appropriate.

NORCO 5/325MG BETWEEN 9/10/2013 AND 1/1/2014: Upheld

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 OPIOIDS CRITERIA FOR USE Page(s): 75-94.

Decision rationale: As per the MTUS Chronic Pain Guidelines, Norco is a short-acting opioid. Also known as "normal-release" or "immediate-release," this type of opioids are seen as an effective method in controlling chronic pain. It is indicated for moderate to moderately severe pain. The medical records submitted for review indicate that the patient has chronic lower back pain associated with numbness and tingling down his right leg. The patient is taking this medication on a chronic basis. However, provided records fail to establish objective functional benefit or pain reduction attributable to use of this medication. The request is therefore not medically necessary and appropriate.