

Case Number:	CM14-0140626		
Date Assigned:	09/10/2014	Date of Injury:	03/02/2013
Decision Date:	10/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old male with a 3/2/13 date of injury. At the time (8/12/14) of request for authorization for Ketoprofen 75 Mg #60, Sertraline 50 Mg #30 2 Refills, Omeprazole 20 MG #60, and Menthoderm Cream 120 ml, there is documentation of subjective (radiating low back pain) and objective (tenderness to palpitation over the low back muscles and decreased range of motion) findings, current diagnoses (spondylolisthesis, lumbar degenerative disc disease, neuritis/radiculitis, and depression), and treatment to date (work restrictions, TENS unit, Acupuncture therapy, physical therapy, and medications (including ongoing treatment with Norco, Sertraline since at least 4/15/14, Naproxen, and Omeprazole)). Medical reports identify a rationale to stop Naproxen and switch to Ketoprofen. Regarding Sertraline, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sertraline use to date. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Menthoderm Cream, there is no documentation that a trial of anticonvulsants has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of spondylolisthesis, lumbar degenerative disc disease, neuritis or radiculitis, and depression. In addition, there is documentation of low back pain. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 75mg #60 is medically necessary.

Sertraline 50mg #30 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of spondylolisthesis, lumbar degenerative disc disease, neuritis or radiculitis, and depression. In addition, there is documentation of ongoing treatment with Sertraline since at least 4/15/14. However, there is no documentation that functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Sertraline use to date. Therefore, based on guidelines and a review of the evidence, the request for Sertraline 50mg #30 2 Refills is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors PPIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of spondylolisthesis, lumbar degenerative disc disease, neuritis or radiculitis, and depression. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with Naproxen and an associated request for Ketoprofen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60, is not medically necessary.

Menthoderm Cream 120 ml: 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 Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/menthoder-cream.html>

Decision rationale: Medical Treatment Guideline identifies Menthoder-cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of spondylolisthesis, lumbar degenerative disc disease, neuritis or radiculitis, and depression. In addition, there is documentation of neuropathic pain and ongoing treatment with Sertraline. However, there is no documentation that a trial of anticonvulsants has failed. Therefore, based on guidelines and a review of the evidence, the request for Menthoder-cream 120 ml is not medically necessary.