

Case Number:	CM14-0149423		
Date Assigned:	09/18/2014	Date of Injury:	10/16/2012
Decision Date:	10/23/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, hand pain, and neck pain reportedly associated with an industrial injury of October 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; muscle relaxants; transfer of care to and from various providers in various specialties; a shower chair, topical agents; and extensive periods of time off of work. In a Utilization Review Report dated August 25, 2014, the claims administrator denied or partially denied a request for Ketoprofen and Norco. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, the applicant reported persistent complaints of low back pain, hand pain, knee pain, and ankle pain. The applicant was having issues with dyspepsia associated with medication consumption, it was stated. Multiple medications, including Cyclobenzaprine, Ketoprofen, Prilosec, Norco, and Lidoderm were renewed while the applicant was placed off of work, on total temporary disability. A shower chair was sought. In a July 3, 2014 progress note, the applicant again reported persistent, unchanged, unimproved knee, ankle, low back and hand pain. A shower chair, orthopedic consultation, Cyclobenzaprine, Ketoprofen, Prilosec, Norco, and Lidoderm were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg Qty 30 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has apparently developed dyspepsia with ongoing Ketoprofen usage. It appears, thus, that discontinuing the offending NSAID is a more appropriate option than continuing the same, particularly in light of the fact that ongoing usage of Ketoprofen has failed to generate any material benefit or functional improvement to date. The applicant remains off of work, on total temporary disability. Significant multifocal pain complaints persist. The applicant is having difficulty performing activities of daily living as basic as ambulating; it has been suggested on several occasions referenced above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Ketoprofen. Therefore, the request is not medically necessary.

Hydrocodone 5-325 Qty 60 Refill-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to quantify any decrements in pain or outlined any material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.