

<b>Case Number:</b>	CM13-0030929		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/04/2006
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Orthopaedic Surgery and is licensed to practice in Arizona. 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:

This is a 49-year-old male who sustained an injury to both hands and wrists on 4/4/06. He was seen in the doctor's office on 8/19/2013 complaining of bilateral wrist pain and pain in the finger joints, pain in the ankles, and knee pain. He also had patellofemoral crepitus and pain around the knee joint bilateral ankle tenderness. He was placed on topical cream therapy with Ketoprofen, Tramadol, and Ranitidine. Ranitidine was prescribed for stomach protection. The Ketoprofen cream was prescribed for pain relief. The provider notes that research has shown that Ketoprofen used locally is very effective. The Ranitidine was denied because the patient had no active gastrointestinal (GI) complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR RANITIDINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient has no history of active gastric or duodenal ulcers or does he have a history of esophagitis for which ranitidine is

indicated. The MTUS guidelines state that a patient with risk of complications from the use of non-steroidal anti-inflammatory drugs (NSAIDs) should take proton pump inhibitors. While proton pump inhibitors have been shown to prevent gastrointestinal (GI) complications associated with NSAIDs, ranitidine has not. The request for retrospective Ranitidine is not medically necessary.

**RETROSPECTIVE REQUEST FOR TRAMADOL 37.5/APAP 325- ONE BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The medical records indicate that this patient has been taking opioids for at least a year and a half for his chronic symptoms. The early records show that he was on Hydrocodone, Naprosyn, and Omeprazole plus Ketoprofen powder 10% cream. He was on an established program that included physical therapy as well as these medications. He was having his urine checked for opioid use to make sure he is compliant with the program. He was recently switched to Tramadol because of a flare-up of his pain despite being on Hydrocodone. Hydrocodone was stopped as well as the naproxen. The utilization review feels that the patient has taken an excessive amount of opioids. However, the recent records document only 10 mg of Hydrocodone a day or Tramadol 37.5, but not both. According to the MTUS guidelines, several of the criteria for further maintenance use of opioids are missing. There is no documentation of improved function associated with pain relief, no documentation of adverse side effects or documentation of aberrant drug taking behavior. One of the criteria for discontinuing opioids is a lack of overall improvement in function and the functional status of this patient while taking his opioids is not documented. Therefore, the medical necessity of continuing opioid treatment has not been established.

**RETROSPECTIVE REQUEST FOR COMPOUNDED TOPICAL CREAM- 10% KETOPROFEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The provider is prescribing Ketoprofen cream for pain management. However, According to the MTUS guideline, Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photo contact dermatitis. Topical treatment can result in blood concentrations and systemic effects comparable to those of oral form and caution should be used for patients at risk. This patient has high urinary creatinine levels on his drug screen which may signify renal dysfunction in which case no non-steroidal

anti-inflammatory drug (NSAID) should be used. The request for retrospective request for compounded topical cream- 10% Ketoprofen is not medically necessary.