

<b>Case Number:</b>	CM14-0000072		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury on October 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; epidural steroid injection therapy; and shoulder corticosteroid injection therapy. In a Utilization Review Report of December 23rd, 2009, the claims administrator approved a request for Norco, denied a request for omeprazole, approved a request for Zanaflex, and denied a request for ketoprofen. The rationale for the decision was extremely difficult to follow. The applicant's attorney subsequently appealed. An earlier note of July 2nd, 2013 was notable for comments that the applicant reported persistent 7/10 pain. The applicant was using Norco, Zanaflex, and Medrox at that point in time. It was stated that these medications did diminish the applicant's pain and reportedly improved her function. Work restrictions were renewed, although it did not appear that the applicant was working. In an applicant questionnaire dated November 5th, 2013, the applicant stated that she was not working. The applicant reported 8/10 pain. The applicant denied any stomach pain at that point but did state that unspecified medications were making her sleepy. On November 5, 2013, the applicant was described as reporting 8/10 pain about the shoulder, neck, and hand. The applicant was on Norco, Flexeril, and Prilosec, it was stated. It was stated, in highly patterned manner, that the applicant's medications improved her pain and function and reportedly prevented gastrointestinal (GI) upset. It was then stated that the applicant denied any medication side effects. A variety of medications were issued, including Norco, Prilosec, LidoPro, and Zanaflex. The applicant's permanent work restrictions were renewed. The applicant was asked to continue acupuncture treatment and physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **60 CAPSULES OF OMEPRAZOLE 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK TOPIC, Page(s): 69.

**Decision rationale:** The Chronic Pain Guidelines do support the provision of proton pump inhibitors, such as omeprazole in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia on any recent progress note, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

### **90 CAPSULES OF KETOPROFEN 75MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS, Page(s): 22.

**Decision rationale:** The Chronic Pain Guidelines do acknowledge that anti-inflammatory medications, such as ketoprofen does represent a traditional first-line of treatment for various chronic pain conditions, in this case, however, the applicant has been on oral ketoprofen and other drugs for a while, and has failed to have any lasting benefit or functional improvement, despite the ongoing usage of the same. The applicant remains off of work. The applicant's permanent work restrictions remain in place, and unchanged, from visit to visit. The applicant remains highly reliant on various agents, including Norco. The applicant continues to report 8/10 pain as of November 5th, 2013. In short, no clear evidence of benefit despite ongoing ketoprofen usage was clearly established. Therefore, the request is not medically necessary.