

<b>Case Number:</b>	CM14-0004762		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 reportedly associated with an industrial injury of September 15, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; NSAIDs; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 13, 2013, the claims administrator partially certified 120 tablets of ketoprofen, partially certified as 60-tablet supply of Prilosec, denied Soma outright, and conditionally denied Percocet. In a January 10, 2013 progress note, the applicant was described as reporting persistent chronic low back pain. The applicant is having issues of depression and difficulty sleeping and also reported intermittent stomach upset due to medication usage, it was further noted. The applicant was apparently asked to continue oral ketoprofen, Prilosec, Percocet, and Soma at that point in time. The applicant reportedly had permanent work restrictions in place at that date. The applicant did not appear to be working at that point in time. An October 1, 2013 progress note was notable for comments that the applicant reported persistent low back pain and numbness about the left leg. The applicant had residual symptoms, it was stated. The applicant was still having depression and difficulty sleeping. The applicant also reported intermittent stomach upset and stated that his low back pain had spontaneously worsened as of late. A variety of medications, including ketoprofen, Prilosec, Percocet, and Soma were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 75MG:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, one option to combat NSAID-induced dyspepsia is to discontinue the offending agent. In this case, the applicant had longstanding complaints of dyspepsia secondary to NSAID usage. The discontinuation of the offending NSAID, ketoprofen, appears to be a more appropriate option than continuing the same, particularly in light of the fact that the applicant does not appear to have affected any lasting benefit or functional improvement through prior usage of ketoprofen as defined in MTUS 9792.20f. The applicant is seemingly off work. The applicant's permanent work restrictions remain in place, unchanged, from visit to visit. The attending provider has not established the presence of any lasting benefit or analgesia achieved through ongoing ketoprofen usage. The request for Soma 350 mg is not medically necessary or appropriate.

**PRILOSEC 20MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, usage of proton pump inhibitors, such as Prilosec is appropriate to combat NSAID-induced dyspepsia, as is present here. The applicant has reported ongoing issues with dyspepsia secondary to medication usage. Continued usage of Prilosec, a proton-pump inhibitor, to combat that same, is indicated and appropriate. The request for Prilosec 20 mg is medically necessary and appropriate.

**SOMA 350MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL TOPIC Page(s): 29.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term usage purposes, particularly when employed in conjunction with opioids. In this case, the applicant is using an opioid in the form

of Percocet. Addition of carisoprodol or Soma to the mix on a long term basis is not indicated in this context. The request for Soma 350 mg is not medically necessary or appropriate.