

Case Number:	CM14-0111303		
Date Assigned:	09/16/2014	Date of Injury:	04/11/2011
Decision Date:	11/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old male who sustained an injury on 4/11/11. As per 6/19/14 report, he presented with back pain and bilateral lower extremity pain and depressive symptoms. Examination revealed tenderness and spasm of the paravertebral muscles, restricted ROM of the lumbar spine, positive SLR test on the left and bilateral MCLs were tender to palpation with positive McMurray's test bilaterally. He is currently on Carisoprodol, Ketoprofen, Omeprazole, and Zolpidem Tartrate. He completed acupuncture with minimal improvement. No specific medication benefits have been documented. Diagnoses include lumbar strain, bilateral knee internal derangement, status post left knee arthroscopic repair, old disruption of anterior cruciate ligament, post-surgical status no elsewhere classified. The request for Ketoprofen 75mg qty 60 with 2 refills and Omeprazole DR 20mg #30 with 2 refills was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75MG QTY 60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the CA MTUS guidelines, Ketoprofen is a NSAID that is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. In the absence of objective functional improvement, the medical necessity for Ketoprofen has not been established per guidelines. The request is not medically necessary.

OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

Decision rationale: According to the CA MTUS, Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the medical records do not establish the patient is at significant risk for GI events / risks as stated above. Therefore, the medical necessity of the request is not established at this time. The request is not medically necessary.