

<b>Case Number:</b>	CM14-0030708		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Orthopedic Surgery 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 40-year-old male who was reportedly injured on February 13, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 18, 2014, indicated that there were ongoing complaints of low back pain. Current medications were stated to include SalonPas patches. The physical examination demonstrated tenderness along the paravertebral muscles with muscle spasms. There was decreased lumbar spine range of motion and a positive left sided straight leg raise test. There were diagnoses of lumbar strain, rule out radiculopathy and a left shin contusion. Treatment plan included a refill of ketoprofen and SalonPas patches. A request had been made for ketoprofen, omeprazole, Orphenadrine, capsaicin Cream, and SalonPas patches and was not certified in the pre-authorization process on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs Page(s): 67.

**Decision rationale:** Anti-inflammatory medications such as ketoprofen are indicated for short term use of acute pain as well as acute exacerbations of chronic pain. According to the medical records provided, ketoprofen has been prescribed for long term usage. There is no documentation stating that the injured employee is having any acute exacerbations. Therefore, this request for ketoprofen is not medically necessary.

**Omeprazole DR 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs, G.I. symptoms and cardiovascular risk.

**Decision rationale:** Omeprazole is a proton pump inhibitor indicated for gastrointestinal upset sometimes experienced with the use of anti-inflammatory medications. The medical record does not indicate that the injured employee is experiencing any gastrointestinal symptoms or any symptoms in particular secondary to taking ketoprofen. For these reasons, this request for omeprazole is not medically necessary.

**Orphenadrine ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain, (Chronic), Muscle relaxants, updated June 10, 2014.

**Decision rationale:** The muscle relaxant Orphenadrine is not recommended for use. It has been reported in case studies to be abused for euphoria and mood elevating effects. Without specific justification for the use of Orphenadrine, this request is not medically necessary.

**Capsaicin 0.1% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 112.

**Decision rationale:** The use of topical analgesics including capsaicin is recommended as an option for patients who have not responded or intolerant to other treatments. There is no mention in the medical record that the injured employee is intolerant of other medications or has not responded to them. For these reasons, this request for capsaicin cream is not medically necessary.

**Salonpas patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Topical analgesics Page(s): 111.

**Decision rationale:** Salonpas is a topical analgesic medication. There are multiple configurations of Salonpas patch available, and this request does not specify which particular type is requested. There is also no information stated that the injured employee is intolerant to other medications and must therefore use Salonpas patches. Without this specific information, this request for Salonpas patch is not medically necessary.