

<b>Case Number:</b>	CM14-0037485		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Family Practice, 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:

This 53 year old female claimant sustained a cumulative work related injury from 5/19/05-5/19/06 involving her bilateral knees. She underwent bilateral knee arthroscopy with chondroplasty. An exam report on 2/3/14 indicated the claimant had persistent pain in both knees with findings of crepitus in both knees as well as medial joint line tenderness. At the time she was given a Ketoprofen for pain along with Prilosec. A follow-up examination on 3/17/14 indicated the claimant had continued pain and an unchanged examination. She was continued on Ketoprofen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg QTY: 100 Refill 2:** 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 Page(s): 67.

**Decision rationale:** According to the MTUS guidelines for NSAIDs, they are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain,

and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naprosyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this case, the claimant had been receiving refills of Ketoprofen (NSAID) for several months with no improvement in pain or function. As such, the request is not medically necessary.

**Prilosec 20 mg QTY: 60 Refill 2:** 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 Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events, such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.