

<b>Case Number:</b>	CM14-0043153		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 & Rehabilitation, 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 54-year-old female who reported an injury on 12/12/2011. The mechanism of injury is from a slip and fall. The injured worker has a history of low back pain. Upon examination on 02/06/2014, the patient was seen for exacerbated low back pain. The pain included numbness in her left lower extremity that had worsened. The pain radiated from her low back down to her toes. The injured worker stated her left knee had been also hurting secondary to overcompensating for the inability to use the right knee. Upon examination of the cervical spine, the paravertebral muscles were tender to palpation and spasms were present. Range of motion was restricted in flexion and extension, as well as right and left rotation and lateral bending. The Spurling's test was positive on the left. The left shoulder revealed the anterior shoulder was tender to palpation, range of motion was restricted, and impingement sign was positive. The lumbar spine revealed the paravertebral muscles were tender to palpation, spasms were present, and range of motion was restricted. Straight leg raising test was positive on the left. The injured worker had a diagnosis of cervical spine sprain, lumbar spine sprain, left shoulder impingement syndrome, right greater trochanter bursitis, right knee internal derangement, L5 radiculopathy, left lower extremity and C6 radiculopathy, left upper extremity. Upon examination on 03/24/2014, the injured worker continued to have pain in the neck, numbness of the left knee, and weakness, tingling, and numbness in the upper extremities. There was no past surgical history present. Medications were hydrocodone 1 tablet a day, omeprazole 20 mg a day, and orphenadrine ER 100 mg 1 tablet twice a day, and Salonpas patches and vitamin E 1 daily. Treatments included medication and physical therapy. The request for authorization was dated 06/23/2014. The rationale was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg 1 x day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis (including knee & hip) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The request for Ketoprofen 75 mg, 1 time a day #30, is not medically necessary. The injured worker has a history of back pain. The California MTUS Guidelines indicate that NSAIDs should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. The injured worker's date of injury was in 2011. The use of an NSAID would not be supported at this time. There is lack of documentation s to the effectiveness of said medication. As such, the request is not medically necessary.

**Omeprazole DR 20mg 1 x day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and gastrointestinal symptoms Page(s): 68.

**Decision rationale:** The request for Omeprazole DR 20 mg 1 time a day #30 is not medically necessary. The injured worker has a history of back pain. The California Medical Treatment Utilization Guidelines suggest that Omeprazole be used for GI symptoms. The medication is a proton pump inhibitor. The documentation does not describe current GI symptoms for treatment rendered. There was also a lack of documentation for risk factors for GI symptoms. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for Orphenadrine ER 100 mg #60 is not medically necessary. The injured worker has a history of back pain. The California MTUS Guidelines suggest muscle relaxants be used compared to evidence-based criteria. Muscle relaxants as supported for short-term treatment. The injured worker's injury was in 2011. Chronic use of muscle relaxants at this point would not be supported by the guidelines .Lack of documentation of functional improvement from said medication. As such, the request is not medically necessary.

**Salonpas patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Salonpas patches is not medically necessary. The injured worker has a history of back pain. The California MTUS Guidelines suggest for topical analgesics are largely experimental. Topical analgesics are primarily recommended for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation to describe neuropathic pain. There also is lack of documentation that the use of antidepressants or antiemetics, or any other medication had failed. As such, the request is not medically necessary.