

<b>Case Number:</b>	CM14-0053006		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This is a 60-year-old female with a 9/17/01 date of injury. The mechanism of injury was not noted. According to an 11/14/13 progress report, the patient continued to have pain in the back and right upper extremity. She stated that she has been having depressive symptoms. She is waiting to see a psychologist. Physical exam reveals paravertebral muscles tender, lumbar spine spasms present, range of motion restricted, positive straight leg raise test bilaterally, sensation is reduced in the right foot. Diagnoses are lumbago, right shoulder internal derangement, anxiety reaction. Treatment to date has consisted of medication management, activity modification and physical therapy. A UR decision dated 4/8/14 denied the requests for ketoprofen, Norco, and omeprazole

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation, ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to the reports reviewed, there is no documentation of functional improvement. In addition, there is no documentation as to how long the patient has been taking this medication. Guidelines do not support the long-term use of NSAIDs without documentation of significant pain reduction. Therefore, the request for Ketoprofen 75 mg #30 was not medically necessary.

**Hydrocodone/APAP (Norco) 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone/APAP (Norco) 10/325 mg #120 was not medically necessary.

**Omeprazole DR 20 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Decision based on Non-MTUS Citation Food and Drug Administration (Omeprazole).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. According to the reports reviewed, there was no documentation that the patient had any gastrointestinal complaints. In addition, the request for the NSAID that the patient had been taking, ketoprofen was denied. Therefore, the request for Omeprazole DR 20 mg #30 was not medically necessary.