

Case Number:	CM14-0076110		
Date Assigned:	07/16/2014	Date of Injury:	02/22/2013
Decision Date:	09/12/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Interventional Spine 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 patient is a 64-year-old female with an injury date of 02/22/2013. According to the 05/07/2014 progress report, the patient complains of neck pain and of having a restricted range of motion. She has numbness and tingling in her left upper extremity and continues to have right hip pain as well. In regards to her cervical spine, her paravertebral muscles are tender, spasms present, and range of motion is restricted. Her left shoulder is tender to palpation in her anterior shoulder, and has a restricted range of motion in flexion/abduction. Greater trochanter is tender to palpation in her left hip, and there is tenderness to palpation in her joint line of her left knee. In regards to her left ankle, the lateral aspect of the ankle is tender to palpation. The 02/12/2014 progress report also states this patient has left arm pain in addition to her left hip pain and neck pain. The patient's diagnoses include the following: 1. Cervical sprain. 2. Shoulder impingement. 3. Contusion of hip. 4. Internal derangement of knee, not otherwise specified. 5. Sprains and strains of the ankle not elsewhere classified. The utilization review determination being challenged is dated 05/14/2014. Treatment reports were provided from 07/16/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg 1 daily #30 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the 05/07/2014 progress report, the patient presents with neck pain and right hip pain. The request is for Ketoprofen 75 mg 1 daily #30 refill: 2. There is no indication of when the patient began taking Ketoprofen. However, the 05/07/2014 report indicates that the patient is having a refill of Ketoprofen 75 mg capsules. MTUS Guidelines support use of NSAIDs for chronic low back pain as per page 22. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Ketoprofen has done to this patient's pain and function. Recommendation is for not medically necessary.

Omeprazole Dr 20 mg 1 daily #30 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 05/07/2014 progress report, the patient presents with pain in her neck and her right hip. The request is for Omeprazole DR 20 mg 1 daily #30 refill of 2. The patient has been taking omeprazole since before 05/07/2014, however, there is no specific date indicated of when this patient began taking this medication. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. For prophylactic use of PPIs, MTUS requires GI assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, etc. The provider has not documented any gastrointestinal symptoms in this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, recommendation is for not medically necessary.