

<b>Case Number:</b>	CM14-0187765		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female with a work injury dated 5/20/10. The diagnoses include shoulder sprain or strain; shoulder joint pain, contusion of chest, and lower back pain. Under consideration are requests for Omeprazole 20mg #60 and Fenoprofen Calcium 400mg #60. A 9/24/14 progress note states that she continued to experience pain in her low back 7/10 radiating numbness to her bilateral lower extremities 4/10. She has neck and left shoulder pain 4/10. In exam there is tenderness to palpation of the left trap and parascapular and lumbar region. Her blood pressure is 133/83. There is a surgical scar on the lumbar spine. The heart has regular rate and rhythm and there are no suicidal ideations. The treatment plan is continue with Fenoprofen and Omeprazole. She has no side effect. Continue self care; home exercise and TENS. She has 60% reduction in pain with medication and it improves ADLs. A doctor's first report of occupational illness dated 8/12/14 states that the patient last worked on 6/28/13. The patient is noted to be temporarily totally disabled. The patient was given Anaprox DS and Prilosec. A 6/4/14 progress note states that Tramadol and Topimirate upset her stomach but this is controlled with Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Additionally the patient states that Omeprazole helps with her dyspepsia from Tramadol and Topimirate which is not an indication per the MTUS for Omeprazole. Furthermore, it was deemed that Fenoprofen was not medically necessary. For these reasons the request for Omeprazole 20 mg # 60 is not medically necessary..

**Fenoprofen Calcium 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Fenoprofen Calcium 400mg #60 is not medically necessary per the MTUS Chronic Pain Medical treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs without evidence of significant functional improvement. It is not clear from the documentation that this is intended to be a short term medication. There are no objective findings of osteoarthritis and the patient is suffering from chronic pain, not an acute exacerbation of pain. The request for continued NSAIDS such as Fenoprofen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and there may compromise renal function. The request for continued Fenoprofen is not medically necessary.