

<b>Case Number:</b>	CM14-0199069		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/28/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 59-year-old with a date of injury of 12/28/2006. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/27/2014 indicated the worker was experiencing lower back stiffness and pain that went into the upper back, both shoulders, and left leg with numbness and tingling; decreased appetite; problems sleeping; and constipation. This was the most recent clinical note submitted for review. No examination findings were recorded. The submitted and reviewed documentation concluded the worker was suffering from lumbar degenerative disk disease, lumbosacral or thoracic neuritis or radiculitis, and patellofemoral syndrome. Treatment recommendations included oral and topical pain medications, additional chiropractic sessions, medication for constipation, and medication to protect the gut. A Utilization Review decision was rendered on 11/19/2014 recommending non-certification for sixty tablets of omeprazole 20mg and sixty tablets of fenoprofen 400mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 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 Page(s): 67-73.

**Decision rationale:** Fenprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing lower back stiffness and pain that went into the upper back, both shoulders, and left leg with numbness and tingling; decreased appetite; problems sleeping; and constipation. There was no description of improved pain intensity or function with the use of this medication or detailed individualized risk assessment. Further, the treatment recommendations indicated the worker was to take two or three different NSAIDs, which can increase the risk of complications and negative side effects. There was no discussion of extenuating circumstances sufficiently supporting this request. In the absence of such evidence, the current request for sixty tablets of fenoprofen 400mg is not medically necessary.

**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, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Drug Information. Topic 9718, version 144.0. UpToDate, accessed 01/13/2015.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing lower back stiffness and pain that went into the upper back, both shoulders, and left leg with numbness and tingling; decreased appetite; problems sleeping; and constipation. The treatment recommendations indicated the worker was to take two or three different NSAIDs. However, there was no record of negative effects or suggestion the worker had any of the above conditions. In the absence of such evidence, the current request for sixty tablets of omeprazole 20mg is not medically necessary.