

<b>Case Number:</b>	CM15-0165422		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on 7-27-14. The injured worker has complaints of low back, neck and headache pain. The documentation noted on examination there is muscle spasm present in the paraspinals with tenderness and restricted range of motion. The diagnoses have included cervical sprain, lumbar radiculopathy and enthesopathy of hip. Treatment to date has included acupuncture on her own; omeprazole; tramadol and ketoprofen. The request was for omeprazole 20mg #30 with 2 refills and ketoprofen ER 200mg #30 date of service 7-21-15 DS, 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in July 2014 due to head trauma and is being treated for neck and low back pain and headaches. In January 2015 ibuprofen was being prescribed. Her past medical history was negative and there were no gastrointestinal complaints. Ibuprofen was the only active medication. Naprosyn and omeprazole were prescribed. When seen, there was restricted cervical and lumbar range of motion with tenderness and muscle spasms. There was decreased right lower extremity strength. Straight leg raising was positive. There was bilateral greater trochanteric bursa tenderness. Medications include extended release ketoprofen and omeprazole. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.

**Ketoprofen ER 200mg #30 DOS 7-21-15 DS: 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

**Decision rationale:** The claimant sustained a work-related injury in July 2014 due to head trauma and is being treated for neck and low back pain and headaches. In January 2015 ibuprofen was being prescribed. Her past medical history was negative and there were no gastrointestinal complaints. Ibuprofen was the only active medication. Naprosyn and omeprazole were prescribed. When seen, there was restricted cervical and lumbar range of motion with tenderness and muscle spasms. There was decreased right lower extremity strength. Straight leg raising was positive. There was bilateral greater trochanteric bursa tenderness. Medications include extended release ketoprofen and omeprazole. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of ketoprofen ER is 200 mg per day and this is a preferred first line formulary medication with generic availability. In this case, the requested dosing is within guideline recommendations and medically necessary.