

Case Number:	CM15-0165970		
Date Assigned:	09/03/2015	Date of Injury:	08/30/2006
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 8-30-2006. Diagnoses have included degenerative disc disease of the cervical and lumbar spines, right shoulder adhesive capsulitis, status post right rotator cuff surgery, persistent headaches, bilateral knee chondromalacia patella and degenerative joint disease and chronic pain. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, home exercise program and medication. According to the progress report dated 7-13-2015, the injured worker complained of neck and back pain. She reported being somewhat better since starting the Vicoprofen again. She rated her pain as three to four out of ten. She reported radiation of burning and numbness down the right arm to the hand. She reported persistent radiation down the right lower extremity to the foot. She complained of persistent bilateral knee pain. She reported that Vicoprofen helped decrease her pain by about 50 percent and allowed her to increase her walking distance by about 30 minutes. Exam of the cervical spine revealed tenderness to palpation and pain with cervical facet loading. Exam of the lumbar spine revealed tenderness to palpation and pain with lumbar facet loading. Authorization was requested for Omeprazole, CM3 Ketoprofen and Vicoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

CM3 Ketoprofen 20%, prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. There are diminishing effects after 2 weeks. The claimant had been on topical Ketoprofen for several months. Topical NSAIDs can reach systemic levels similar to oral NSAIDs and the claimant was on Vicoprofen. The Ketoprofen is not medically necessary.

Vicoprofen 7.5/200 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with topical NSAIDs. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Vicoprofen is not medically necessary.

