

<b>Case Number:</b>	CM15-0184330		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: New York, Montana, California  
 Certification(s)/Specialty: Neurological Surgery

### 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 34 year old female, who sustained an industrial injury on 9-6-07. The injured worker is diagnosed with cervical facet arthropathy, cervical myofascial strain, cervical radiculitis, cervicgia, lumbago and cervical stenosis. Her work status is modified duty. Notes dated 7-7-15 and 8-4-15 reveals the injured worker presented with complaints of neck pain described as stabbing, cramping and numbness in the center of her neck. The pain radiates to her shoulders and upper back described as stabbing and burning as well as stabbing pain that radiates into her mid and lower back. She reports headaches that worsen with neck pain and weakness and stabbing pain in her bilateral upper extremities. The pain is rated at 8-9 out of 10 and interferes with sleep and activity. Physical examinations dated 7-7-15 and 8-4-15 revealed tenderness to palpation at the right paraspinals C2-C6 with noted twitch response, bilateral trapezii with noted twitch response and cervical spine midline. There is limited cervical spine rotation bilaterally and positive cervical facet loading (right greater than left). In a note dated 8-4-15 the injured worker has engaged in home exercise program, which causes pain, radio frequency ablation at C4-C5, C5-C6 and C6-C7 provided her 60-70% pain relief for 3-4 months, medial branch block, cervical epidural resulted in increased pain and headache, physical therapy provided minimal relief, heating pads provided some relief, acupuncture provided moderate relief, chiropractic care provided excellent relief, medications; Norco (discontinued), Zanaflex (discontinued), Ibuprofen (discontinued), Neurontin (discontinued), Baclofen, Tramadol-APAP (no relief), APAP-Codeine (4 months) (minimal relief), Ketoprofen cream (minimum of 1 month) (significant relief), Ibuprofen, Flector patch (insurance denied) and Prilosec (minimum

of 5 months). A cervical MRI (2014) revealed degenerative disc disease, mild canal stenosis and neural foraminal narrowing and a urine toxicology screen is consistent with prescribed medication, per note dated 8-4-15. A request for authorization dated 8-4-15 for CM3-Ketoprofen 20%, Omeprazole 20 mg #60, APAP-Codeine 300-30 mg (1 tablet every 6 hours as needed) #120 (medications prescribed 8-4-15) and chiropractic treatment 1 time a week for 8 weeks for the neck is denied, per Utilization Review letter dated 9-8-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CM3-Ketoprofen 20% (prescribed 08/04/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines 2009 note that there is little evidence for the efficacy of topical NSAIDs. Ketoprofen is a topical NSAID. The FDA has also not approved ketoprofen for topical application. The requested treatment: CM3-Ketoprofen 20% (prescribed 08/04/2015) is NOT medically necessary and appropriate.

**Omeprazole 20mg #60 (prescribed 08/04/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 2009 guidelines do recommend gastrointestinal prophylaxis for patients who have a history of ulcers or GERDS. Omeprazole is a proton pump inhibitor used to diminish gastric acidity and reduce the possibility of gastrointestinal hemorrhage. The guidelines do recommend omeprazole if the patient is at intermediate risk for gastrointestinal events. Documentation does not show this exposure. The requested treatment: Omeprazole 20mg #60 (prescribed 08/04/2015) Is NOT medically necessary and appropriate.

**APAP/Codeine 300/30mg to be taken 1 tablet every 6 hour as needed #120 (prescribed 08/04/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction.

**Decision rationale:** Documentation noted the attempts of the patient's provider to wean her off her opioids. She had had prior positive urine screens for marijuana. Giving her 120 APAP/Codeine would undermine the program of weaning. The MTUS Guidelines discuss the process of reduction of doses and looking for signs of dependence and habituation. The requested treatment: APAP/Codeine 300/30mg to be taken 1 tablet every 6 hour as needed #120 (prescribed 08/04/2015) is NOT medically necessary and appropriate.

**Chiropractic treatment 1 time per week for 8 weeks to neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Manipulation.

**Decision rationale:** Manipulation of the neck is recommended by the ODG guidelines as an option depending on functional improvement. It is not advisable per the guidelines longer than 2- 3 weeks if objective signs of progress towards functional restoration are not demonstrated. While the patient had responded to chiropractic treatment before she still was on narcotics and improvement would need to be linked to reduction in her opioids. The requested treatment: Chiropractic treatment 1 time per week for 8 weeks to neck is NOT medically necessary and appropriate.