

<b>Case Number:</b>	CM15-0194314		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

Certification(s)/Specialty: Internal Medicine

### 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(n) 37 year old male, who sustained an industrial injury on 1-7-11. The injured worker was diagnosed as having right cubital tunnel syndrome, right elbow pain, right carpal tunnel syndrome, right wrist pain and right hand pain. Medical records (4-10-15 through 8-21-15) indicated 7-8 out of 10 pain in the right wrist. The treating physician noted that the injured worker is not working and has not been able to work in the past three years due to right hand and wrist pain. The physical exam (4-10-15 through 8-21-15) revealed a positive Tinel's sign in the right wrist, decreased ulnar deviation and tenderness to palpation in the right lateral wrist. As of the PR2 dated 9-15-15, the injured worker reports right forearm, hand and wrist pain. He rates his pain 5-8 out of 10. Objective findings include a positive Tinel's sign in the right wrist, 4 out of 5 strength in the right hand grip and intact sensory. Current medications include Naproxen (since at least 3-31-15), Omeprazole (since at least 3-31-15), Tramadol, Gabapentin and Ketoprofen cream (started on 7-14-15). Treatment to date has included physical therapy x at least 30 sessions with "moderate relief", a right carpal tunnel release surgery, a right and left third digit trigger finger release and hot and cold packs. The treating physician requested Naproxen 550mg #60, Omeprazole 20mg #60 and CM3-Ketoprofen 20%. The Utilization Review dated 10-1-15, non-certified the request for Naproxen 550mg #60, Omeprazole 20mg #60 and CM3-Ketoprofen 20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

**Omeprazole 20 mg Qty 60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Naproxen was not found to be medically necessary. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**CM3 - Ketoprofen 20%:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient is Ketoprofen 20% PLO gel. Ketoprofen is not currently FDA approved for a topical application, and has an

extremely high incidence of photo-contact dermatitis. Medical necessity for the requested topical medication has not been established. The requested topical medication is not medically necessary.