

<b>Case Number:</b>	CM15-0198327		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/08/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, 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:

This is a 34 year old female patient, who sustained an industrial injury on 7-8-2015. She sustained the injury due to involved in motor vehicle accident. The diagnoses include thoracic sprain and strain, cervical sprain, bilateral shoulder impingement, and left knee sprain and strain. Per the doctor's note dated 8-26-15, she had complaints of neck pain with radiation to the upper back, low back pain, difficulty sleeping and depression, stress and anxiety. Physical examination revealed palpable spasm and tenderness in the neck, reduced right side 7 dermatomal distribution and restricted neck range of motion, tenderness over the bilateral biceps tendons, restricted bilateral shoulder range of motion, positive bilateral impingement sign, palpable spasm in the thoracic and tenderness and restricted range of motion of the thoracic spine, no swelling or warm of the bilateral knees, no signs of external trauma, tenderness with palpation of the left medial knee joint, and range of motion within normal limits of bilateral knees, positive McMurray's testing on the left. The medications list includes Cyclobenzaprine, Ibuprofen, Methocarbamol, Motrin, and topical salicylate ointment. The patient was prescribed Ketoprofen ER and Omeprazole. She has had multiple diagnostic testing including electrodiagnostic studies of upper extremities dated 9-9-15 which revealed bilateral carpal tunnel syndrome, electrodiagnostic studies of lower extremities dated 9-1-15 with normal findings, cervical spine x-rays dated 7-8- 15 which revealed minimal neural foraminal narrowing bilaterally at C4-5, and left knee x-rays dated 7-8-15 which revealed no fracture, normal alignment, no significant joint disease, no significant soft tissue abnormality. She has had 6 physical therapy visits for this injury. The plan of care included prescriptions for Ketoprofen ER 200mg, one by mouth daily and Omeprazole DR 20mg, one tablet daily. The appeal requested authorization for

Omeprazole DR 20mg, one tablet daily, #30 with two refills, and Ketoprofen ER 200mg, once daily as needed #20. The Utilization Review dated 9-15-15, modified the request to allow Ketoprofen ER 200mg #20, and denied the Omeprazole DR 20mg.

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

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

**Ketoprofen ER 200mg capsule oral QD PRN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** Ketoprofen ER 200mg capsule oral QD PRN Ketoprofen is a NSAID. CA MTUS states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. According to the records provided patient has chronic neck and low back pain with tenderness, spasm and decreased range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Ketoprofen ER 200mg capsule oral QD PRN is medically appropriate and necessary for this patient to use as prn to manage her chronic pain.

**Omeprazole DR 20mg 1 tablet QD #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non- MTUS Citation Official Disability Guidelines (ODG); Pain.

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

**Decision rationale:** Omeprazole DR 20mg 1 tablet QD #30 with 2 refills Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID low dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole DR 20mg 1 tablet QD #30 with 2 refills is not medically necessary for this patient.