

<b>Case Number:</b>	CM15-0205600		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 12-6-10. The injured worker was diagnosed as having cervical sprain; shoulder impingement; carpal tunnel syndrome; postsurgical status not elsewhere classified; status post carpal tunnel release. Treatment to date has included medications. Currently, the PR-2 notes dated 9-1-15 indicated the injured worker presents for a follow-up visit evaluation. The provider notes there has been no significant improvement since the last exam; medications have not been authorized and she complains of severe pain in left shoulder and neck as well as low back pain. On physical examination, the provider notes the cervical spine is with tender paravertebral muscles and spasms are present. Her range of motion is restricted and sensation reduced in the bilateral median nerve distribution with motor strength grossly intact. The anterior shoulders are tender to palpation and range of motion is restricted in flexion and abduction. Impingement sign is positive. Her wrists have well-healed scars (no operative record or date of surgery) with grip strength decreased bilaterally. Sensation is decreased in the bilateral median nerve distribution with first digits on the bilateral hands as tender to palpation. Finkelstein's test is positive. The treatment plan is requesting a refill of medications for Ketoprofen, Omeprazole and Norco 5-325mg; noting a discontinuation of Capsaicin cream, Naproxen and Orphenadrine. These same medications with the exception of Ketoprofen were on the treatment plan of PR-2 dated 4-15-15. This note indicated the injured worker has the same to similar type symptoms and complaints with same physical examination. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-24-15 and non-certification for Ketoprofen 200mg, (Unspecified

Quantity); Omeprazole 20mg, with 2 refills (Unspecified Quantity) and Norco 5/325mg, #60. A request for authorization has been received for Ketoprofen 200mg, (Unspecified Quantity); Omeprazole 20mg, with 2 refills (Unspecified Quantity) and Norco 5/325mg, #60.

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

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

**Ketoprofen 200mg, (Unspecified Quantity): 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:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no quantity information included with this request. The request for Ketoprofen 200mg, (Unspecified Quantity) is determined to not be medically necessary.

**Omeprazole 20mg, with 2 refills (Unspecified Quantity): 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:** Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. Additionally, the associated request for NSAIDs is not supported. Furthermore, there is no quantity information included with this request. The request for Omeprazole 20mg, with 2 refills (Unspecified Quantity) is determined to not be medically necessary.

**Norco 5/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of documentation of significant pain relief or functionally improvement attributable to this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg, #60 is determined to not be medically necessary.