

<b>Case Number:</b>	CM15-0022556		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 71 year old male who sustained an industrial injury on 04/20/2012. Diagnoses include internal derangement of the knee and impingement of both shoulders. Treatment to date has included medications, and acupuncture. A physician progress note dated 01/14/2015 documents the injured worker has continued right knee pain and shoulder pain. His right knee has pain and decreased range of motion. The right knee was deformed and an effusion was present. Both shoulders have decreased range of motion and Impingement sign was positive in both shoulders. Treatment requested is for Ketoprofen 75mg #30 with 2 refills and Omeprazole DR 20mg #30 with 2 refills. On 01 25 2015 Utilization Review non-certified the request for Ketoprofen 75mg #30 with 2 refills, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for Omeprazole DR 20mg #30 with 2 refills was also non-certified and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #30 with 2 refills:** 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, such as Ketoprofen, as a treatment modality. These guidelines state the following: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this case, the records indicate that the NSAID, Ketoprofen, is being used as a long-term treatment modality for this patient's chronic shoulder pain. Per the above cited guidelines, long-term use of NSAIDs is not recommended. There is insufficient evidence in the medical records to justify long-term treatment with an NSAID. For these reasons, Ketoprofen is not considered as medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Events & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of a Proton Pump Inhibitor, such as Omeprazole, as a treatment modality. These guidelines state the following: Proton pump inhibitors are recommended with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ?g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip

fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, as described above, there was insufficient justification for the chronic use of the NSAID, Ketoprofen, in this patient. Given that chronic use of an NSAID was not recommended there is no justification for the chronic use of a PPI such as Omeprazole. The patient is over age 65; however, there is insufficient documentation provided on other risk factors that place her in an intermediate or high-risk category for a gastrointestinal event; such as a gastrointestinal bleed or an ulcer. Given that chronic NSAID use is not recommended as a treatment strategy and that there is no other evidence that indicates a risk for a gastrointestinal event, Omeprazole is not considered as a medically necessary treatment.