

<b>Case Number:</b>	CM15-0023565		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64-year-old female who reported injury on 08/09/2007. The mechanism of injury was due to a large box falling on her at work. Her diagnoses include cervical radiculopathy, cervical degenerative disc disease, chronic neck pain status post surgical fusion, cervical myofascial strain and cervical herniated nucleus pulposus. Her past treatments were noted to include injections and medications. On 11/20/2014, the injured worker complained of ongoing neck, mid back, back and bilateral upper extremity pain that radiated down her right arm to her wrist, rated 5/10 to 6/10. She rated her neck pain at a 5/10 to 6/10. The injured worker indicated the fenoprofen and Norco helped lower her pain by about 20% to 30%, and she was able to sleep slightly longer and feels better overall. The injured worker also indicated she continues to take Prilosec as it helps to reduce GI symptoms, and ketoprofen cream for topical relief. Her relevant medications were noted to include Norco 5/325 mg, fenoprofen calcium and Prilosec 20 mg. The treatment plan included Anaprox, ketoprofen cream and omeprazole for breakthrough pain. A Request for Authorization form was submitted on 11/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** The request for Anaprox 550mg #120 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are indicated for osteoarthritis, including knee and hip. In addition, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Patients should also have had an initial therapy of acetaminophen for mild to moderate pain. The injured worker was indicated to have been on Anaprox for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had osteoarthritis, including in the knee and hip. Furthermore, there was lack of documentation to indicate the injured worker had initial therapy of acetaminophen for treatment of her mild to moderate pain prior to prescribing Anaprox. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Ketoprofen cream CM3 29%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for ketoprofen cream CM3 29% is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, the guidelines state, ketoprofen is not currently FDA approved for a topical application. The injured worker was indicated to be using ketoprofen cream for an unspecified duration of time. However, there was lack of documentation in regard to a failed trial of antidepressants and anticonvulsants. Furthermore, the guidelines do not support the use of ketoprofen as it is currently not FDA approved as a topical application. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Omeprazole 20mg #60:** 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): 68-69.

**Decision rationale:** The request for Omeprazole 20mg #60 is not medically necessary. According to the California MTUS Guidelines, an assessment is needed for patients at risk for

gastrointestinal events: (1) age greater than 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. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was noted to have been on Omeprazole for an unspecified duration of time. However, there was lack of a current assessment in regard to gastrointestinal risk and events. There was also lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapy. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.