

<b>Case Number:</b>	CM15-0031417		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/03/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 39 year old male, who sustained an industrial injury on 11/03/2006. He has reported neck pain and low back pain. The diagnoses have included lumbar disc degeneration; lumbar radiculopathy; and status post bilateral shoulder arthroscopy. Treatment to date has included medications, home exercise program, and surgical intervention. Medications have included Ketoprofen and Omeprazole. A progress note from the treating physician, dated 02/03/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain that radiates down the bilateral upper extremities to the hands; constant low back pain which radiates down the bilateral lower extremities to the feet; pain in the bilateral hands and shoulders; and groin pain. Objective findings included tenderness upon palpation in the bilateral lumbar paravertebral area L4-S1 levels; lumbar spine range of motion is moderately to severely limited; and facet signs were present in the lumbar spine. The treatment plan has included prescription medications. On 02/16/2015 Utilization Review noncertified a prescription of 60 Tablets of Omeprazole DR 20 mg; and 30 Tablets of Ketoprofen 75 mg. The MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription of 60 Tablets of Omeprazole DR 20 mg; and 30 Tablets of Ketoprofen 75 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Omeprazole DR 20 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with neck pain and low back pain. The request is for 60 tablets of OMEPRAZOLE DR 20mg on 02/06/15. The patient is currently not working per 02/03/15 report. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of reports shows that the patient has been taking this medication as early as 06/24/14. While the patient is diagnosed with gastroesophageal reflux disease, there is no current documentation of any GI symptoms associated with GERD and how this medication is helping. The treater does not provide a GI assessment to warrant the prophylactic use of this medication. The patient is on NSAID, but without GI risk assessment as required by MTUS, prophylactic use of this medication would not be indicated. The request IS NOT medically necessary.

**30 Tablets of Ketoprofen 75 mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with neck pain and low back pain. The request is for 30 tablets of KETOPROFEN 75mg on 02/06/15. The patient is currently not working per 02/03/15 report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of reports shows that the patient has been taking this medication since 12/31/14 report. Although the treater does not provide a reason for the request, the patient suffers from chronic pain. The treater states in progress report dated 02/03/15 that the pain level is at 5/10 with medications and at 10/10 without medications. Patient appears to benefit from Ketoprofen, which is indicated by guidelines. The request IS MEDICALLY necessary.