

<b>Case Number:</b>	CM15-0031969		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 52 year old male, who sustained an industrial injury on March 2, 2013. He has reported a burn to his right calf. The diagnoses have included status post work-related right medial lower leg burn injury, right lower extremity varicose veins, right lower extremity neuropathic pain syndrome, psychiatric comorbidity and chronic pain syndrome. Treatment to date has included medication, diagnostic studies, heat, TENS unit and acupuncture. On August 25, 2014, the injured worker complained of constant low level right calf pain that increased with walking and at night. The pain radiates to the ankle and is described as a throbbing, aching pain. He has increased swelling in the right lower extremity if he walks for more than 3-4 blocks. His right calf pain was reduced with medication. On February 6, 2015, Utilization Review non-certified retro Fenopfen 400mg #60 and retro Omeprazole 20mg #60, noting the CA MTUS Guidelines. On February 20, 2015, the injured worker submitted an application for Independent Medical Review for review of retro Fenopfen 400mg #60 and retro Omeprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Fenopfen 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

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

**Decision rationale:** The patient presents with right leg pain rated 5/10 and swelling upon prolonged ambulation. The patient's date of injury is 03/02/13. Patient has no documented surgical history directed at this complaint. The request is for RETRO FENOPROFEN 400MG #60. The RFA was not provided. Physical examination dated 01/28/15 reveals tenderness to palpation of the burn area and varicose veins on the right lower extremity. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently advised to return to work with modified duties ASAP, though it is unclear if he is presently employed. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Fenoprofen, the treater has not documented pain reduction or functional improvement attributed to this medication. It is unclear how long this patient has been taking Fenoprofen and to what effect. NSAIDs such as Fenoprofen are considered first line medication for complaints of this nature, though without a clear rationale for utilization or established prior efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Omeprazole 20mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with right leg pain rated 5/10 and swelling upon prolonged ambulation. The patient's date of injury is 03/02/13. Patient has no documented surgical history directed at this complaint. The request is for OMEPRAZOLE 20MG #60. The RFA was not provided. Physical examination dated 01/28/15 reveals tenderness to palpation of the burn area and varicose veins on the right lower extremity. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently advised to return to work with modified duties ASAP, though it is unclear if he is presently employed. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral

anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc."In regards to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the treater has not included complaints of GI upset to substantiate such a medication. Progress note dated 01/28/15 specifically indicates that this patient is negative for GI complaints. There is no discussion of gastric complaints secondary to NSAID utilization, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.