

<b>Case Number:</b>	CM14-0144778		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old female who sustained an injury on 6/28/11. As per the report of 7/30/14, she complained that her low back pain was worse than the neck pain; the pain was rated at 8/10. She reported the pain as a stabbing and burning pain in her neck radiating to the bilateral shoulders and she also noted mild aching pain down the center of her back with a stabbing, burning and pressure pain in the low back with radiation into the hips. There was also cramping and numbness in the lateral aspect of her right leg and down to her foot, but occasionally she feels it in her left. Examination revealed tenderness to palpation of the lumbar spine extending into the bilateral facet region with a positive facet provocation test. Sensation was diminished in the right C7 dermatome and the right L5 and S1 dermatomes. Motor exam revealed deltoid, biceps, internal rotation, external rotation, wrist extensors and wrist flexors were 4+/5 on the right and on the left was 5-/5. Treatments to date include x-rays, MRIs, EMG/NCV in 2012, injections, 17 chiropractic care sessions, 23 acupuncture in 2012, and 8 physical therapy sessions in 2012. Past medications include Lyrica, Amitriptyline HCL, Tizanidine, Naproxen, Cyclobenzaprine, Medrox Patches, Gabapentin, and Tramadol. Current medications are Ketoprofen 75mg twice a day, Prilosec 20mg once a day, and Terocin patches; she has been taking them since at least 2013. Medications help with her pain and allow for an increased level of function with no side effects. Medial branch block was given on 8/13/14. Diagnosis: Multiple HNPs of the cervical spine; facet arthropathy of the cervical spine; facet hypertrophy of the lumbar spine. She is P&S at this time. The request for 90 capsules of Ketoprofen 75mg; one tube of Menthoderm gel 4 oz; 120 capsules of Omeprazole 20mg were denied on 8/22/14. Current medications, diagnostic imaging, and other therapies were not documented in the clinical records submitted with this request. The actual objective interpretation was not submitted with this request. In the absence of documented recent medication, the

frequency and the duration and any significant improvement of pain and function, the request is not medically necessary according to the guidelines.

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

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

#### **90 Capsules of Ketoprofen 75mg retrospective for date of service 7/30/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level of function with continuous use. In the absence of objective functional improvement, the medical necessity for Ketoprofen has not been established per guidelines.

#### **One tube of Mentherm gel 4 oz retrospective for date of service 7/30/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** Mentherm contains methyl salicylate/menthol. According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS/ODG, that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac Sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Mentherm gel is not established per guidelines.

**120 Capsules of Omeprazole 20mg retrospective for date of service 7/30/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI  
Page(s): 68.

**Decision rationale:** According to the CA MTUS, Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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 (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records in this case do not establish the patient is at significant risk for GI events / risks as stated above. Therefore, the medical necessity of the request is not established at this time.