

<b>Case Number:</b>	CM14-0086694		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, chiropractic manipulative therapy; and acupuncture over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for Prilosec, ketoprofen, and Terocin. The applicant's attorney subsequently appealed. In a permanent and stationary report dated March 27, 2014, the attending provider acknowledged that the applicant last worked on June 28, 2011. The applicant reported heightened complaints of low back and bilateral lower extremity pain interfering with activities of daily living. The applicant stated that ongoing usage of Prilosec helped to diminish her ongoing issues with dyspepsia, it was stated. 7-8/10 back pain was reported despite ongoing usage of ketoprofen and topical Terocin. The applicant was given permanent work restrictions. It was acknowledged that the applicant was not working. In an applicant questionnaire dated March 24, 2014, the applicant acknowledged that the patches only helped "a little." Pain ranging anywhere from 7-9/10 was reported on the applicant's questionnaire.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 7, 22, 69.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ketoprofen do represent a traditional first-line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact the applicant reports ongoing complaints of pain as high as 7-9/10 and remains off of work, taken together, imply that ongoing usage of oral Ketoprofen has not been altogether successful in terms of the parameters established in MTUS 9792.20f. Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines further states that cessation of the offending NSAIDs is an appropriate option to treat dyspepsia associated with NSAID therapy, as is present here. For all of the stated reasons, then, the request for Ketoprofen is not medically necessary.

**Terocin patches #5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as Terocin. Therefore, the request is not medically necessary.

**Prilosec 20mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68,112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant does report ongoing issues with dyspepsia, apparently NSAID induced. The attending provider has posited that introduction and/or ongoing usage of Prilosec has attenuated the same. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, there is no evidence that the applicant has a job to return to. The applicant has been off of work for what appears to be a span of several years. It is unclear what purpose a formal functional capacity evaluation to quantify the applicant's impairment would serve. It is difficult to support the request as it appears that the applicant has no intention to return to the workplace and/or workforce. Therefore, the request is not medically necessary.