

Case Number:	CM14-0217919		
Date Assigned:	01/07/2015	Date of Injury:	06/10/2004
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 53 year old female who sustained a work related injury June 10, 2004. According to a primary treating physician's progress report dated October 22, 2014, the injured worker presented for a follow-up visit complaining of continuous low back pain and right knee pain rated 9/10, described as constant sharp and pinching pain, radiating to foot. She reports that cream and TENS unit have been helpful. Also, she reports a fall three days prior, when her hip gave out and she landed on her right side. There was no loss of consciousness or trauma, just soreness. There is no documentation of a physical examination performed for this visit. Diagnoses are documented as lumbar sprain/strain and knee pain. Treatment plan included medication requests, counseling for nutrition/weight loss and home exercise program, continue medication, self-care and TENS unit. There are no x-ray or MRI reports present in the medical record. Work status is documented as temporarily totally disabled. According to utilization review performed December 1, 2014, the request for Fenoprofen 400mg #60 times two (2) dispensed in-office on 10/22/2014 was modified to Fenoprofen 400mg #30. The request for Omeprazole 20mg #60 times two (2) dispensed in-office on 10/22/2014 was non-certified. Regarding the request for Fenoprofen, citing MTUS Guidelines recommends the use of NSAID's at the lowest dose possible for the shortest duration possible for moderate to severe pain. Given the date of injury, ongoing long term NSAID use would not be supported without additional documentation. However, it is noted the injured worker had a recent fall so the use of an NSAID appears appropriate and the request has been modified to relieve recent symptoms and allow for the appropriate documentation to continue its use. Regarding the request for Omeprazole, and

citing MTUS guidelines, the use of proton pump inhibitors is recommended for patients with a high risk of (GI) gastrointestinal complications. The treating physician does not specifically document criteria/conditions for GI complications that would necessitate its use and is therefore not considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fenopufen 400mg #60 times 2 dispensed in office on 10/22/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient presents with low back pain, right knee pain, and radiating pain to the bilateral foot. The request is for FENOPROFEN 400 MG #60 X2 dispensed in office on 10/22/2014. The utilization review denial rationale is that the documentation provided for review does not identify significant functional/vocational benefit with the use of NSAIDs and guidelines indicate these medications should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. The report with the request is not provided. MTUS Guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, a long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes may also be noted when medications are used for chronic pain. It appears that this is the patient's first trial of Fenopufen. The patient presents with low back pain, right knee pain, and radiating pain to the bilateral foot, which she rates as a 9/10. She has a reduced hip, knee, and lumbar range of motion. Given the patient's chronic low back pain, the trial of Fenopufen appears to be reasonable. The requested Fenopufen IS medically necessary.

Retrospective Omeprazole 20mg #60 times 2 dispensed in-office on 10/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

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

Decision rationale: The patient presents with low back pain, right knee pain, and radiating pain to the bilateral foot. The request is for OMEPRAZOLE 20 MG #60 X2 dispensed in office on 10/22/2014. It appears that this is the patient's initial trial of omeprazole. MTUS Guidelines page 60 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-

dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. As of 10/22/2014, the patient is taking Fenoprofen, omeprazole, and is using the TENS patch and Terocin topical cream. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medications efficacy and lack of rationale for its use, the requested omeprazole IS NOT medically necessary.