

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0011213 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 08/09/2007 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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, Arizona

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 64-year-old female who reported injury on 08/09/2007. Documentation of 11/20/2014 revealed the injured worker had a mechanism of injury of a large box falling on her at work. The injured worker was noted to have prior injections in her neck, which helped reduce pain. The injured worker was noted to have an EMG of the bilateral upper extremities. The injured worker had spasms in the neck. The injured worker was noted to be utilizing fenoprofen calcium 400 mg 1 to 2 times per day and Norco 5/325 mg once per day. The injured worker indicated that she was taking Prilosec and it helped reduce GI symptoms, and the injured worker as utilizing ketoprofen cream for topical relief. Treatment history included 6 sessions of acupuncture with some relief and a surgical intervention of an ACDF at C5-6 on 11/29/2011. Imaging studies were noted to include MRI of the cervical spine on 07/27/2011 and 2 electrodiagnostic studies. The studies were noncontributory to the request. The injured worker, on physical examination, had a right positive Spurling's test. The injured worker had hypertonicity of the cervical paraspinals at C3-7, left greater than right; left trapezius; left levator scapular with a twitch response. The injured worker had tenderness to palpation in the CMP joints in the bilateral hands; cervical spinal C3-7, left greater than right; left trapezius; left levator scapula with noted twitch response. Diagnoses included cervical radiculopathy, cervical DDD, chronic neck pain status post surgical fusion, cervical myofascial strain and cervical HNP. The treatment plan included physical therapy 3 times a week x1 month, Anaprox 550 mg every 12 hours #120 for inflammation and ketoprofen cream for cervical paraspinals. Additional medication was omeprazole 20 mg twice a day #60. The injured worker indicated with the use

of fenoprofen calcium and Norco, the pain was reduced by about 20% to 30% and the injured worker was able to sleep slightly longer and felt better overall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox 550mg #120: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is recommended there should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was able to sleep slightly longer and felt better overall, and her pain was decreased by approximately 20% to 30%. However, there was a lack of documentation of objective pain relief per the VAS. Additionally, there was a lack of documentation of quantification of slightly longer "and feels better." The request as submitted failed to indicate the date of service being requested, as well as the frequency for the requested medication. There was a lack of documentation indicating a necessity for both an oral and topical form of NSAID. Given the above and the lack of documentation, the request for retro Anaprox 550mg #120 is not medically necessary.

Retro Rx Ketoprofen cream CM3 29%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS, Topical Analgesics Page(s): 111, 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended... The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. Regarding the use of ketoprofen: This agent is not currently FDA approved for a topical application. There was a

lack of documentation of a failure of antidepressants and anticonvulsants. The documentation indicated the injured worker as utilizing the ketoprofen cream for topical relief. However, the specific benefit for the topical medication was not provided. . There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the body part, the frequency and the quantity of medication being requested, as well as the date of service being requested. There was a lack of documentation indicating a necessity for both an oral and topical form of NSAID. Given the above, the request for retro Rx Ketoprofen cream CM3 29% is not medically necessary.

Retro Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate or high risk for gastrointestinal events. Additionally, it is utilized to treat dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing Prilosec and it helped reduce GI symptoms. Medication was being concurrently reviewed with a request for Anaprox, which was found to be not medically necessary; there would be a lack of necessity for the use of omeprazole without the use of the NSAID. Additionally, the request as submitted failed to indicate the frequency and the date of requested service. Given the above, the request for retro omeprazole 20mg #60 is not medically necessary.