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| <b>Case Number:</b>   | CM15-0070014 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 10/01/2012 |
| <b>Decision Date:</b> | 05/18/2015   | <b>UR Denial Date:</b>       | 03/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/13/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 66 year old female, who sustained an industrial/work injury on 10/1/12. She reported initial complaints of neck pain, bilateral shoulder pain, and bilateral wrist pain. The injured worker was diagnosed as having cervicalgia, cervical sprain/strain, chronic pain syndrome, myofascial pain with muscle spasms, bilateral shoulder pain, and bilateral wrist pain. Treatment to date has included medication and diagnostic testing. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 1/27/14. X-Rays results were reported on 1/27/14. Currently, the injured worker complains of neck, shoulder, and wrist pain while working and rated 9/10. Per the primary physician's progress report (PR-2) on 2/25/15, exam revealed tenderness over the paravertebral musculature at the scalene muscle, trapezius, levator scapulae, and rhomboids, pain in the shoulders in the subacromial region, and pain with palpation of volar surface of the bilateral wrists along with decreased range of motion, and palpable tenderness over the midline spinous processes. The requested treatments include Ketoprofen, Cyclobenzaprine, and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg, one tid prn pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

**Decision rationale:** There is no documentation of the rationale behind the long-term use of Ketoprofen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Ketoprofen to the lowest effective dose and used it for the shortest period possible. Naproxen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. As a matter of fact, the patient complained of an upset stomach with the use of Ketoprofen. Therefore, the request for Ketoprofen 75mg, one tid prn pain #90 is not medically necessary.

**Cyclobenzaprine 7.5mg, one q 6-8h prn #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for authorization for Cyclobenzaprine 7.5mg, one q 6-8h prn #100 is not medically necessary.

**Pantoprazole 20mg, two qd prn #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that

the patient is at an increased risk of GI bleeding. Therefore, the prescription of Pantoprazole 20mg, # 30 is not medically necessary.