

<b>Case Number:</b>	CM15-0070027		
<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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injury on October 1, 2012. The injured worker reported neck, shoulder and wrist pain. The injured worker was diagnosed as having cervicgia, cervical sprain/strain, myofascial pain, shoulder and wrist pain and chronic pain syndrome. Treatment and diagnostic studies to date have included x-ray, electromyogram, nerve conduction study and medication. A progress note dated February 25, 2015 provides the injured worker complains of constant neck pain rated 9-10/10 with throbbing and aching. She also has left shoulder and wrist pain rated 8-10/10 and intermittent. She reports severe pain due to not taking any pain medication for several weeks. Rest and pain medication relieves her pain. X-rays, electromyogram and nerve conduction study were reviewed. Physical exam notes there is tenderness cervical spine, shoulders and wrists. The plan includes lab work, medication and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 75 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervicalgia; cervical sprain/strain; myofascial pain; bilateral shoulder pain; bilateral wrist pain; and chronic pain syndrome. In a progress note dated February 25, 2015 progress note (pain management specialist), the injured worker was complaining of pain in the neck, shoulders and wrists. The VAS pain scale was 9/10. The worker has not had any pain medications for the last several weeks and is currently in severe pain. The documentation contains a single progress note (supra). The date of injury was October 1, 2012. There is no additional documentation in the medical history indicating what medications the injured worker has received to date. Prior to starting ketoprofen 75 mg, the treating provider (pain management) should review the medical record in its entirety to determine whether or not non-steroidal anti-inflammatory drugs were used previously and whether there was objective functional improvement. Consequently, absent clinical documentation with a detailed medication review (including non-steroidal anti-inflammatory drug used to date and the clinical response), Ketoprofen 75 mg #90 is not medically necessary.

**Cyclobenzaprine 7.5mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicalgia; cervical sprain/strain; myofascial pain; bilateral shoulder pain; bilateral wrist pain; and chronic pain syndrome. The treating provider prescribed a quantity of #100 Cyclobenzaprine. Cyclobenzaprine 7.5 mg is recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation in the medical record of an acute exacerbation of chronic low back pain (or acute back pain). Additionally, the treating

provider exceeded the recommended guidelines by prescribing Cyclobenzaprine 7.5 mg #100, in excess of the recommended guidelines for 7 to 10 days. Consequently, absent clinical documentation of an acute exacerbation of back pain while prescribing a quantity in excess of the recommended guidelines for short-term use (7 to 10 days), Cyclobenzaprine 7.5 mg #100 is not medically necessary.

**Pantoprazole 20mg #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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervicalgia; cervical sprain/strain; myofascial pain; bilateral shoulder pain; bilateral wrist pain; and chronic pain syndrome. There is no documentation in the medical record consisting of comorbid conditions, past medical history or review of systems indicating the injured worker has a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drug use. There is no history of gastritis documented in the medical record. Consequently, absent documentation with risk factors or comorbid conditions for GI events, Pantoprazole 20 mg #60 is not medically necessary.