

Case Number:	CM13-0031780		
Date Assigned:	12/04/2013	Date of Injury:	08/19/2010
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year-old male sustained a slip and fall injury on 8/19/10 while employed by the Fire Department. Request under consideration include Ketoprofen Capsules 75mg #120 for DOS 07/29/2013 and Medrox Patch #30 for DOS 07/29/2013. The patient has known neck pain since 1997, receiving extensive conservative treatment after the 2010 injury and subsequently underwent C5-C6 anterior cervical discectomy and fusion which has not relieved neck pain or headache symptoms. Complicating the injury is a series of brain lesions not yet ruled out for non-neoplastic origin as excised lesions reveal fibrous dysplasia. There is report dated 11/15/12 from [REDACTED] noting the patient with no new complaints or injuries. Exam showed motor function 5/5 of the upper extremities with no dermatomal distribution of sensory loss. Diagnoses include s/p anterior cervical discectomy and fusion at C5-6, anterior cervical plating and structural allograft (8/23/12); continued right sided headaches, etiology unclear. There was a plan for the patient to be seen by a neurologist. He has been treating with neurologist receiving multiple medication and occipital blocks. Naproxen was noted to no longer to be helpful and the patient was switched to Ketoprofen. Other oral medications previously include Tramadol, Atenolol, Pantoprazole, Zolpidem, Tamsulosin HCL, and Maxalt. Requests were non-certified on 9/3/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Capsules 75mg #120 for DOS 07/29/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 58 year-old male sustained a slip and fall injury on 8/19/10 while employed by the Fire Department. Request under consideration include Ketoprofen Capsules 75mg #120 for DOS 07/29/2013 and Medrox Patch #30 for DOS 07/29/2013. The patient has known neck pain since 1997, receiving extensive conservative treatment after the 2010 injury and subsequently underwent C5-C6 anterior cervical discectomy and fusion which has not relieved neck pain or headache symptoms. Diagnoses include s/p anterior cervical discectomy and fusion at C5-6, anterior cervical plating and structural allograft (8/23/12); continued right sided headaches, etiology unclear. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Ketoprofen's functional benefit is advised as long term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Ketoprofen for an injury of 2010 nor its functional efficacy derived from treatment already rendered. Ketoprofen Capsules 75 mg #120 for DOS 7/29/2013 is not medically necessary or appropriate.

Medrox Patch #30 for DOS 07/29/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: his 58 year-old male sustained a slip and fall injury on 8/19/10 while employed by the Fire Department. Request under consideration include Ketoprofen Capsules 75mg #120 for DOS 07/29/2013 and Medrox Patch #30 for DOS 07/29/2013. The patient has known neck pain since 1997, receiving extensive conservative treatment after the 2010 injury and subsequently underwent C5-C6 anterior cervical discectomy and fusion which has not relieved neck pain or headache symptoms. Diagnoses include s/p anterior cervical discectomy and fusion at C5-6, anterior cervical plating and structural allograft (8/23/12); continued right sided headaches, etiology unclear. Treatment plan include Medrox patches. Medrox Patches contains [Capsaicin 0.0375%/Menthol 5%/Methyl Salicylate 5%]. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Medrox over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents and any compounded product that contains at least one drug or drug class that is not recommended is not recommended (In this case, the Capsaicin 0.0375%). Medrox Patches QTY 30 is not medically necessary and appropriate

