

Case Number:	CM13-0036040		
Date Assigned:	12/13/2013	Date of Injury:	11/08/2011
Decision Date:	02/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Illinois. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who reported an injury on 11/08/2011. The mechanism of injury was not provided. The patient was noted to have paravertebral tenderness and spasms to the cervical spine and lumbar spine. The patient was noted to have decreased range of motion of her right shoulder. The patient was noted to have restricted range of motion in the lumbar spine and cervical spine. The patient's knees were noted to have joint line tenderness to palpation and joint effusion on the right knee. The diagnoses include cervical and lumbar radiculopathy, right knee and right shoulder internal derangement status post arthroscopic repairs, and mild bilateral carpal tunnel syndrome. The request was made for ketoprofen, orphenadrine, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30: Upheld

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

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

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any

compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Regarding the use of Ketoprofen, the guidelines state that this agent is not currently FDA approved for a topical application. The guidelines do not recommend Ketoprofen and as such, the use of the compound would not be supported. Given the above, and the lack of documentation of exceptional factors, the request for Ketoprofen 75mg #30 is not medically necessary or appropriate.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Orphenadrine Page(s): 63-64.

Decision rationale: The California MTUS guidelines indicate that Orphenadrine is an antispasmodic that is used to decrease back spasms in low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions, whether spasm is present or not. The guidelines further state that muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The clinical documentation submitted for review indicated the patient had muscle spasms; however, the clinical documentation failed to indicate that the patient had an acute exacerbation in the lumbar spine. Additionally, there was a lack of documentation indicating the patient had a first line option that was trialed and failed. The patient's injury was in 2011 and would not be considered acute. Given the above, the request for Orphenadrine ER 100mg #60 is not medically necessary or appropriate.

Acupuncture for the right upper extremity, low back and right knee (3 times per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review failed to indicate the patient's pain medications would be reduced or was not tolerated and failed to indicate the patient would be using the acupuncture as an adjunct to physical rehabilitation. Additionally, the request for 12 sessions would be in excess of Guideline recommendations. Given the above, the request for acupuncture for the right upper extremity, low back and right knee (3 times per week for 4 weeks) is not medically necessary at this time.