

<b>Case Number:</b>	CM14-0004084		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

This is a 36-year-old male patient who injured his left forearm on 6/17/11 while shoveling. Medical reports from 2011 to 2013 were reviewed, indicating persistent left elbow pain and tenderness, leading up to left common extensor release on 6/21/13, despite conflicting medical opinions. On 11/13/13, left arm and elbow pain had improved with physical therapy. It is noted that the patient remains out of work despite the use of NSAID's. The patient underwent injections to the elbow, was prescribed medication including Ketoprofen 75 mg #30. There were attempts at acupuncture, physical therapy, TENS unit. 6/10/13 medical record indicates persistent left upper extremity pain radiating from his left hand and left wrist to his left shoulder. Physical exam demonstrated normal orthopedic evaluation of the left upper extremity. It was noted the patient reported excessive subjective complains, as opposed to physical findings which were not indicative of any pathology at all. There were suspected supratentorial and emotional factors with secondary gain. Left upper extremity degloving hyposthenia was also described. 6/17/13 progress report indicates left elbow tenderness. 6/26/13 progress report indicates continued left arm pain. Physical exam demonstrates left elbow tenderness and positive Tinel's and the medial elbow on the left. There was lateral laxity on physical exam. 7/8/13 progress report indicates persistent left elbow pain post surgery. To address postoperative pain, Tylenol No. 3 was recommended. 7/24/13 progress report indicates that the patient was not undergoing any type of therapy. Medications (non-specific), were refilled. Medications were again refilled on 8/21/13, 9/18/13. The specific prescription for ketoprofen and 75 mg # 30 to be taken one tablet daily was first mentioned in the 8/21/13 prescription. This prescription was refilled on 10/16/13 and 11/13/13, with no specific assessment of prior efficacy. There is documentation of a previous 12/12/13 adverse determination because the patient did not return to work with NSAIDs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 75 MG # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN, PAGE 72.

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

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there are numerous concerns regarding continuous Ketoprofen prescriptions for this patient. There is a lack of assessment of efficacy with prior Ketoprofen therapy, even though prescriptions were refilled several times. Without ongoing assessment, continued prescriptions are not supported. Then, there are concerns about suspected supratentorial and secondary gain factors that remain unaddressed. It is noted that the patient has not returned to work, even on the medication regimen, and the patient was not assessed for adverse medication effects. Therefore, the request for KETOPROFEN 75 MG # 30 was not medically necessary.