

Case Number:	CM14-0017064		
Date Assigned:	04/14/2014	Date of Injury:	11/04/1997
Decision Date:	07/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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:

The patient is a 58-year-old female who has submitted a claim for DDD and facet arthropathy of cervical spine, cervical radiculopathy, multilevel HNPs of cervical spine with moderate stenosis, and bilateral carpal tunnel syndrome associated with an industrial injury date of 11/04/1997. Medical records from 02/05/2013 to 12/17/2013 were reviewed and showed that patient complained of neck pain graded 3-8/10 radiating towards the mid back, both shoulders, and arms. There was also complaint of bilateral wrist pain 6/10 radiating down the hands. The neck and hand pain were both associated with weakness. Physical examination revealed tenderness to palpation to the cervical spine and right paravertebral and upper trapezius muscles. The cervical spine ROM was decreased in all planes. Upper extremity sensation was decreased while motor strength was intact except for bilateral wrist flexors and extensors (4/5). Spurling's test was positive on the right. Tinel's and Phalen's signs were positive for bilateral wrists. EMG-NCS dated 01/31/2013 revealed moderate bilateral carpal tunnel syndrome affecting sensory and motor components. MRI of the right wrist done 03/19/2012 revealed 1.) scattered carpal bone cystic change with intercarpal effusion and synovitis 2.) extensor carpi ulnaris tendinosis and tenosynovitis 3.) TFCC perforation at the radial attachment. MRI of the left wrist done 03/19/2012 showed 1.) extensive edema involving the trapezium, trapezoid, and scaphoid 2.) effusion of cyst along the ulnar aspect of the distal ulna with extensor carpi ulnaris tendinosis 3.) intercarpal effusion and synovitis. MRI of the cervical spine dated 02/20/2013 showed 1.) DDD and facet arthropathy 2.) C4-C5 and C5-C6 mild canal stenosis 3.) C4-C5 neural foraminal narrowing. Treatment to date has included physical therapy, home exercise program, Ketoprofen, Medrox patches, Elavil, Norco, Zanaflex, Tramadol, and omeprazole. Utilization review, dated 02/03/2014, denied the request for prescription of Ketoprofen 75mg #90 because the substitution of Ketoprofen with over-the-counter NSAIDs was possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 75MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: As stated on page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. In this case, the 12/17/13 medical report documented that the patient's pain was helped by Ketoprofen 75mg BID. At that visit, it was noted that pain rating was 6/10 which was not substantially changed versus notes between 2/5/13 and 7/18/13 when pain ratings were 5-6/10, and 7/29/13 to 8/8/13 when pain ratings were consistently 7/10. The provider increased the daily dosage of Ketoprofen at the 12/17/13 visit to 75mg TID, which is still lower than the maximum recommended daily dose of 300mg. This is a reasonable plan in an attempt to reduce the patient's pain. Therefore, the request for prescription of Ketoprofen 75mg #90 is medically necessary.