

Case Number:	CM13-0043340		
Date Assigned:	12/27/2013	Date of Injury:	03/31/1995
Decision Date:	01/22/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 Neurology, 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 Injured Worker (IW) is a 52 year-old female with a reported date of injury as 3/31/1995. The records reviewed do not state the mechanism of injury. The IW is being treated by three separate physicians: one for right upper extremity complaints, one for neck and back complaints, and one for headache pain. The most recent physical examination, dated 10/2/2014 indicates that the IW complains of on-going neck and back pain described as 5 on a pain scale of 1 to 10. Pain complaints are in the neck and right shoulder which radiate from the neck to the right elbow. The IW also complains of difficulty walking due to low back pain which radiates to bilateral lower extremities with numbness noted on the right. The Clinical findings are a decreased range of motion about the cervical spine, with tenderness and spasm. There is diminished sensation of the right C5, C6, C7 and C8 dermatomes. The motor examination reveals slightly diminished right wrist extension and flexion and triceps (noted as 4+/5). Lumbar range of motion is recorded as limited in all planes tested. An MRI of the cervical spine dated 11/28/2012 reveals degenerative disk disease and facet arthropathy with retrolisthesis at C4-5, mild to moderate canal stenosis at levels C3-C7, and neural foraminal narrowing at C5-6 and on the right at C6-7. It is reported that electrodiagnostic studies reveal mild residual slowing of the median nerve at the right carpal and some slowing of the median nerve at the left carpal tunnel. The IW is status post right cubital tunnel release (x2) with anterior transposition of the ulnar nerve; status post right ulnar nerve decompression at the wrist (x2); status post right wrist arthroscopy (x2) with debridement, synovectomy and triangular fibro cartilage complex (TFCC) repair; status post excision of right pisiform; status post open right TFCC repair with ulnar styloid nonunion repair; and status post excision of cyst from the right "EQD" tendon and right dorsal sensory branch of the ulnar nerve neuropraxia. The dates of surgeries are not specified. The IW has received 24 acupuncture treatments, physical therapy, and epidural steroid injections at C5-6 and C6-7. The

IW has a history of osteoporosis and hypertension. Medications to address the IW's neck and back complaints have included Ketoprofen, Nabumetone, Orphenadrine, Medrox patches and Terocin Patches. Propranolol is prescribed for headaches, and it is noted that amlodipine is used to treat the IW's hypertension. The IW also uses Omeprazole. The physician treating headache complaints noted in treatment plans that the IW should limit use of the non-steroidal inflammatory drug (i.e., Ketoprofen) due to the cardiovascular risk associated with her hypertension. A request for Ketoprofen 75 mg in a quantity of 90 was submitted on 9/17/2013 by the physician treating the IW's neck and back complaints and was subsequently non-certified in a Utilization review dated 9/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 - 69.

Decision rationale: Ketoprofen is a non-specific non-steroid anti-inflammatory drug (NSAID) available by prescription only. NSAIDs are indicated for the treatment of moderate to severe inflammatory pain. When used to treat chronic back pain, it is recommended as a second-line treatment after Acetaminophen, and then as an option for short-term symptomatic relief at the lowest dose for the shortest period of time (page 68). There is evidence that suggests that NSAIDs are no more effective than Acetaminophen in the treatment of low back pain, with NSAIDs found to have more adverse side-effects than Acetaminophen. In the treatment of neuropathic pain, there is no consistent evidence to support the use of NSAIDs to treat long-term neuropathic pain. They may be useful, however, to treat breakthrough and mixed pain such as osteoarthritis and other nociceptive pain. A review of the medical records provided indicates that this IW has been using Ketoprofen 75 mg on a daily basis since at least 1/30/2014. This would indicate a long-term, chronic (daily) use, which the MTUS does not support. Further, the IW is stated to have hypertension which is being treated with Propranolol. The MTUS suggests that patients with cardiovascular risks should first pursue a non-pharmacological choice, and then Acetaminophen or aspirin to be used for short-term needs. If longer-term or high-dose NSAID therapy is necessary, the MTUS suggests full-dose Naproxyn (e.g., 500 mg twice daily) may be recommended. If Naproxyn therapy alone is ineffective, Aspirin may be added plus a proton pump inhibitor. (In this case, the records indicate that the IW already uses Omeprazole, though the physicians' notes are absent to mention the clinical condition requiring this medication.) Indeed, there seems to be conflicting treatment plans: the physician treating the IW head ache complaints continually states that the IW should limit her NSAID use, while the physician treating her neck and back complaint continues to prescribe Ketoprofen for daily use. It has not been substantiated in the records provided for review that acetaminophen has been utilized as the recommended first-line therapy. Ketoprofen is not recommended for the chronic

treatment of this IW's pain complaints, especially if there is a known cardiovascular risk which contraindicates the use of Ketoprofen.