

Case Number:	CM15-0004655		
Date Assigned:	01/15/2015	Date of Injury:	12/19/1996
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 51 year old male, who sustained an industrial injury on December 19, 1996. The diagnoses have included bilateral carpal and cubital tunnel syndrome, multilevel degenerative disc disease and spondylosis plus disc protrusions of the cervical spine, status post cervical fusion at cervical 5-6 and cervical 6-7 with removal of retained hardware with revision of anterior discectomy and fusion at cervical 6-7 in 2010, chronic neck pain, and cervical radiculopathy. Treatment to date has included bilateral wrist braces, bilateral wrist steroid injections, EMG/NCV (nerve conduction velocity) on August 7, 2014, magnetic resonance imaging (MRI) of the cervical spine August 2014, bilateral cervical 3-4 and cervical 4-5 medial branch block on August 29, 2014, which did not help and non-steroidal anti-inflammatory, muscle relaxant, and oral and topical pain medications. Currently, the injured worker complains of left and right posterior neck pain, stiffness, muscle spasm, and tenderness. Associated symptoms include headaches and upper extremity weakness. He also complains of bilateral wrist pain with inability to twist hand or grasp things. On December 30, 2014 Utilization Review non-certified a retrospective prescription for Ketoprofen Quantity: 120 (DOS: 8/12/14), noting the lack of documentation of the previously prescribed Naprosyn being discontinued. In addition, there was a lack of documentation of the medical necessity of switching non-steroidal anti-inflammatory medication or adding a second one. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, quantity120 (DOS 08/12/2014) (unspecified dosage): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The 51 year old patient presents with stiffness, pain, spasm and tenderness in the neck, as per progress report dated 11/19/14. The request is for KETOPROFEN QUANTITY 120 (DOS 08/12/2014) (UNSPECIFIED DOSAGE). There is no RFA for this request, and the patient's date of injury is 12/19/96. The patient also has headaches and upper extremity pain. The patient experiences wrist pain as well and has been diagnosed with bilateral carpal tunnel syndrome. Medications, as per the report, included Naprosyn, Baclofen, Norco, and Keto/cyclo/capsaicin/menthol cream. Diagnoses included chronic pain syndrome, chronic use of opiate, cervical radiculopathy, and carpal tunnel syndrome. In progress report dated 10/16/14, the patient complains of numbness, tingling and pain in bilateral arms. The patient is on long-term disability, as per progress report 09/04/14. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, none of the progress reports discuss Ketoprofen. However, the patient has been using other NSAIDs such as Naprosyn in the past, as per prior progress reports. The treater does not discuss the reason for the switch. There is no documentation of any improvement in function and reduction in pain due the use of NSAIDs. Nonetheless, the patient does suffer from chronic pain for which NSAIDs are indicated. Hence, he can use Ketoprofen at the treater's discretion. The request IS medically necessary.