

Case Number:	CM15-0053869		
Date Assigned:	03/27/2015	Date of Injury:	01/24/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 01/24/2011. The injured worker is currently diagnosed as having lumbar radiculopathy, cervical radiculopathy, and cervical facet arthropathy. Treatment to date has included x-rays, left shoulder surgery, post-surgical physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) Unit, aqua therapy, cervical epidural, lumbar epidural steroid injection, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of neck pain with radiation to left shoulder and low back pain with radiation into both lower extremities to the level of the knee on the right and foot on the left. The provider notes that the pain is not improved with the medication (naproxen) given at the Jan 2105 visit but there is not gastrointestinal upset from the medication. Exam showed paraspinal cervical muscle tenderness, decrease neck range of motion, paraspinal lumbar muscle tenderness, decreased lumbar range of motion, normal straight leg raise bilaterally, normal sensation in legs and decrease muscle strength in legs due to pain during testing. The treating physician request authorization for compound Ketoprofen cream and Naproxen tablets in the Jan 2015 visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound CM3 Ketoprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-73, 111-13.

Decision rationale: Ketoprofen cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in joints amenable to its use, such as the knee or elbow. There is little evidence to support its use to treat inflammation in the spine or hip. This patient has been diagnosed with cervical and lumbar spine conditions with associated neuropathic pain. Additionally, recent oral use of NSAID medication has not been effective for pain control. The provider did not comment on the effectiveness of this product on the patient's symptoms but wanted to continue its use. Since the patient does not have a medical condition associated with osteoarthritis or tendon inflammation, the use of this medication is not indicated. Medical necessity for use of this preparation has not been established. Therefore the request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory medication) Page(s): 67-73.

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had chronic pain for over 12 weeks during which time he has been taking a NSAID (fenoprofen until changed to naproxen). He thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. Furthermore use of this medication has not been effective in lessening the patient's pain. As the records do not show instructions to the patient for use of this medication only for exacerbations and the trial of use of this medication was not effective at controlling his pain, it is not indicated for use at this time. Medical necessity for use of this medication has not been established. The request is not medically necessary.

