

Case Number:	CM15-0087259		
Date Assigned:	05/11/2015	Date of Injury:	02/28/2014
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Illinois

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 56 year old female, who sustained an industrial injury on 2/28/2014. She reported cumulative trauma of the low back, neck, shoulders and hands. The injured worker was diagnosed as having chronic strain/sprain of neck with radiculopathy, and chondromalacia of patellofemoral joint. Treatment to date has included medications, electrodiagnostic studies, physical therapy, chiropractic treatment, acupuncture, and injections. The request is for Flurbiprofen, and Ketoprofen. Electrodiagnostic studies done on 8/1/2014, revealed normal sensory nerve action potential of bilateral ulnar and bilateral radial sensory nerves, abnormally prolonged peak latency of SNAP's of bilateral median nerves, and normal study of CMAP's of bilateral ulnar, bilateral median and bilateral radial nerves. On 10/27/2014, she complained of neck and bilateral upper extremity pain. She rated the pain as 8/10 presently, 5/10 at its best and 10/10 at its worst. She indicated she has shooting pain in the bilateral upper extremities with radiation into the hands. She reported that ice, rest helped while Advil only provided minimal relief. She is undergoing physical therapy. On 12/17/2014, she was seen by QME. She complained of neck, bilateral shoulder, arm and hand pain, with numbness and tingling of the right arm/shoulder and hand. Current medications are: Advil, Docusate, Omeprazole, Naproxen, Zolpidem, and Cryoderm a rub-on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen #120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 2/28/2014. The medical records provided indicate the diagnosis of chronic strain/sprain of neck with radiculopathy, and chondromalacia of patellofemoral joint. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and injections. The medical records provided for review do not indicate a medical necessity for Flurbiprofen #120mg. Flurbiprofen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states that no one NSAID, including COX-2 inhibitors, is more effective than another. A 12/17/2014 report indicates the injured worker was being treated with the Advil (Ibuprofen) and Naproxen as at that date. There was no documented evidence of benefit with the use of the NSAIDs. Therefore, based on the long duration of NSAID use, and the lack of documented benefit with use of NSAIDs the recommended treatment is not medically necessary.

Ketoprofen #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 2/28/2014. The medical records provided indicate the diagnosis of chronic strain/sprain of neck with radiculopathy, and chondromalacia of patellofemoral joint. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and injections. The medical records provided for review do not indicate a medical necessity for Ketoprofen #120, Ketoprofen an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS states that no one NSAID, including COX-2 inhibitors, is more effective than another. A 12/17/2014 report indicates the injured worker was being treated with the Advil (Ibuprofen) and Naproxen as at that date. There was no documented evidence of benefit with the use of the NSAIDs. Therefore, based on the long duration of NSAID use, and the lack of documented benefit with use of NSAIDs the recommended treatment is not medically necessary.