

Case Number:	CM14-0127696		
Date Assigned:	09/05/2014	Date of Injury:	01/05/2008
Decision Date:	10/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 59 year old male who sustained an industrial injury on 1/5/2008. The 6/9/2014 progress report indicates the patient takes Naproxen 550mg as needed, Prilosec, Docuprene as needed, and Ketoprofen cream with noted reduction of pain and increased relaxation. He states ketoprofen cream reduces his intake of ketoprofen. He states taking Prilosec and Docuprene causes' pain in the chest. He complains of neck and right shoulder pain rated 7/10, and pins and needles in the right hand rated 6/10, low back pain rated 3/10, and right knee pain rated 5/10. Surgeries: left knee surgery, right wrist x 3, right shoulder, and umbilical surgery. Orthopedic examination reveals mildly antalgic gait, tenderness of the paraspinals, decreased sensation of the right C5-C7 and L4-S1 dermatomes, 5-/5 right arm and 4+/5 right wrist strength, 5-/5 left quadriceps and TA strength, well healed incision over right wrist, positive Lhermitte's and bilateral Spurling's. Diagnoses are 1. HNP of cervical spine; 2. Right shoulder bursitis; 3. Right shoulder impingement; 4. Status post right indicis proprius to extensor pollicis longus tendon transferred by ██████████; 5. Status post left knee surgery on 1/9/2013. Medications Naproxen and Ketoprofen are refilled, recommended discontinuing Prilosec and Docuprene, requesting orthopedic consult, and following up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: CM3 Ketoprofen 20% dispensed 6-9-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Only FDA approved are recommended. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the medical records clearly document the patient tolerates standard oral analgesics. The medical necessity of this compounded topical product is not established.

Orthopedic consult to address general orthopedic complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation MTUS ACOEM 2004 OMPG, Chapter 7 Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines: Lumbar Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cornerstones of Disability Prevention and Management, page 79 & Chapter 7 - Independent Medical Examinations and Consultations, page 503

Decision rationale: The CA MTUS ACOEM guidelines state, "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." It also indicates that "under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The medical records do not provide a specific reason for an orthopedic referral. There is no indication of worsening of the patient's complaints and objective findings, failure of conservative management, and no clear indication of a potential surgical lesion. The medical necessity of this request is not established.

Follow up in 8 weeks with Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation MTUS ACOEM 2004 OMPG, Chapter 7 Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines: Lumbar Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79,92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

Decision rationale: Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The medical records document the patient's pain level is managed with Naproxen. The patient is several years postdate of injury and there is no indication that he requires new interventions or close monitoring for medication management. In the case of this patient, given the apparent stability of his long-standing complaints, the medical records do not establish that follow-up in 8 weeks is medically necessary. Therefore, this request is not medically necessary.