

Case Number:	CM14-0210104		
Date Assigned:	12/23/2014	Date of Injury:	08/09/2007
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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:

Patient is a 64 year-old female with date of injury 08/09/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/30/2014, lists subjective complaints as pain in the neck with radicular symptoms down the right arm. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the C3-C7 paraspinals, left greater than right. Tenderness was also noted about the left levator scapula which elicited a twitch response. Cervical range of motion was limited in rotation and extension. Hypertonicity of the paraspinals was present at the C3-C7 levels. Facet loading test was positive bilaterally. Diagnosis: 1. Cervical sprain/strain. 2. Cervical radiculopathy. The medical records supplied for review document that the patient has been taking the Fenoprofen for at least as far back as three months. The Ketoprofen Cream was first prescribed on the date of the request for authorization on 10/30/2014. X4 trigger point injections were administered during the examination on 10/30/2014. Medication: 1. Fenoprofen 400mg SIG: 1-2 times per day 2. Ketoprofen Cream SIG: topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 mg, provided on October 30, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement or indication for fenoprofen. Fenoprofen 400 mg, provided on October 30, 2014 is not medically necessary.

One Ketoprofen cream, provided on October 30, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. One Ketoprofen cream, provided on October 30, 2014 is not medically necessary.

One procedure: four trigger point injections (three left trapezius, one left levator scapula) with 2 cc lidocaine 1% and 2 cc normal saline, provided on October 30, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The MTUS lists the following criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). The medical record lacks documentation for the above criteria. One procedure: four trigger point injections (three left trapezius, one left levator scapula) with 2 cc lidocaine 1% and 2 cc normal saline, provided on October 30, 2014 is not medically necessary.