

Case Number:	CM14-0032924		
Date Assigned:	06/20/2014	Date of Injury:	11/09/2010
Decision Date:	01/27/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 45 year old patient with date of injury of 11/09/2010. Medical records indicate the patient is undergoing treatment for cervical spine strain, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, anxiety reaction, dermatitis and bilateral shoulder impingement syndrome. Subjective complaints include bilateral hand numbness 5-6/10; neck spasm; shoulder pain 8-9/10 and back pain with numbness to left wrist. Objective findings include cervical paravertebral muscles tender to palpation with spasm and restricted range of motion; decreased range of motion and positive impingement sign shoulders bilaterally; lateral aspect bilateral elbows tender to palpation; decreased sensation in bilateral median nerve distribution, decreased grip strength, positive Phalen's and Tinel's bilaterally. Treatment has consisted of Orphenadrine, Cyclobenzaprine and Ketoprofen; wrist splints, physical therapy and acupuncture. The utilization review determination was rendered on 02/14/2014 recommending non-certification of Ketoprofen 75 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain, Chronic Low Back Pain Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Medical documents indicate that the patient has been on Ketoprofen for several months, which is in excess of guideline recommendations of short term use. As such, the request for Ketoprofen 75 mg #30 is not medically necessary.