

Case Number:	CM15-0116748		
Date Assigned:	06/24/2015	Date of Injury:	09/09/2009
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on September 9, 2009. The injured worker was diagnosed as having cervical radiculopathy. Treatment to date has included surgery and medication. A progress note dated April 22, 2015 provides the injured worker complains of neck pain with stiffness rated 5/10 with radiating to the left shoulder with numbness and needles. He also has left shoulder pain with tingling down the biceps and difficulty with range of motion (ROM). He rates the pain 7-8/10. Physical exam notes cervical tenderness with decreased range of motion (ROM). There is tenderness of the left shoulder and there is positive Tinel's bilaterally. There is a retrospective request (4/22/2015) for x-rays, Ketoprofen and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for x-ray of the cervical spine, 7 views (DOS: 4/22/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, x-rays of the cervical spine is recommended for red flag diagnoses including fracture, acute neurological findings, tumor, trauma, infections, etc. In this case, the injury was 6 years old with no new red flag symptoms. The claimant actually mentioned unchanged cervical symptoms for 6 months. The x-ray results showed only osteophytes. The request for the cervical x-ray was not medically necessary.

Retrospective request for ketoprofen 20% (DOS: 4/22/15): 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen 20% is a topical NSAID analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months without the above diagnoses. There are diminishing effects after 2 weeks. The continued use of topical Ketoprofen is not medically necessary.