

Case Number:	CM15-0120934		
Date Assigned:	07/01/2015	Date of Injury:	07/10/2007
Decision Date:	07/30/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male who reported an industrial injury on 7/10/2007. His diagnoses, and/or impressions, are noted to include: mild multi-level cervical spine stenosis; bilateral thoracic outlet syndrome, status-post bilateral first rib resection; ongoing neck and bilateral arm pain; chronic headaches; status-post bilateral cubital tunnel releases, carpal tunnel releases and ulnar nerve decompression at wrists; status-post left radial tunnel release; left shoulder impingement; bilateral forearm tendinitis; trapezial and para-cervical strain; left lateral epicondylitis; and left thumb "MP" synovitis. No current x-rays or imaging studies were noted. His treatments have included consultations; surgery; use of right wrist brace; psychological evaluation and treatment; chiropractic treatments; medication management with adjustments as needed; and rest from work if no modified work duties are available. The progress notes of 4/23/2015 reported a follow-up visit for complaints of worsening, moderate-severe and radiating neck pain down the bilateral upper extremities to the hands, associated with numbness and cramping in the bilateral hands, left > right, new and constant numbness in the left ring finger, and electoral shock sensations when using her right hand when turning door handles; she complained that this pain interferes with her activities of daily living. Objective findings were noted to include no acute distress; tenderness along the bilateral cervical para-spinals and upper trapezius muscles and along the scalene region, left > right that were with painful decreased range-of-motion. The physician's requests for treatments were noted to include the initiation of Ketoprofen cream for use over the wrist and neck for inflammation and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 - Ketoprofen 20% (unknown qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Food & Drug Administration.

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

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen in addition to current prescription of Motrin. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDS beyond few weeks, as there are no long-term studies to indicate its efficacy or safety. The CM3 - Ketoprofen 20% (unknown qty) is not medically necessary and appropriate.