MAXIMUS Federal Services

Case Number:	CM15-0093358		
Date Assigned:	05/19/2015	Date of Injury:	02/12/2014
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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 57-year-old male patient who sustained an industrial injury on 02/12/2014. The accident is described as a fall at work with resulting injury. A primary treating office visit dated 03/31/2015 reported subjective complaint of ongoing low back pain, radiating to left leg associated with weakness. He also complains of having headaches. The following diagnoses are applied: cervical sprain/strain, cervical radiculopathy; right wrist sprain, lumbar sprain/strain. The plan of care involved recommending a cane, home exercise program and follow up visit. A visit dated 10/07/2014 reported the patient complaining of pain in the neck, left sided headaches accompanied with dizziness and memory lapses. In addition, he has complaint of upper back pain and left wrist pain. The patient periodically takes Tramadol, Naproxen and Prilosec. Electro diagnostic nerve conduction study performed on 03/26/2014 revealed left ulnar neuropathy, consistent with cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 120 mg; apply once in PM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 112; NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatory 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 Flurbiprofen. 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 Ketoprofen 120 mg; apply once in PM is not medically necessary and appropriate.

Flurbiprofen 120 mg; apply once in AM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 112; NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatory, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbiprofen 120 mg; apply once in AM is not medically necessary and appropriate.