

Case Number:	CM13-0030726		
Date Assigned:	11/27/2013	Date of Injury:	09/17/2012
Decision Date:	01/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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 36 year-old female Bailiff sustained an on 9/27/12 while employed by [REDACTED]. The request under consideration is Ketoprofen 100% #90 DOS: 9/10/2013. A report dated 8/15/13 from [REDACTED], noted the patient complained of intermittent and decreasing lower back pain radiating into the buttocks, rectal, groin and ischial areas, better with physical therapy, ongoing bilateral shoulder pain, severe neck pain radiating into right arm and hand, and resolving insomnia. She had previous right knee arthroscopic surgery in 2006. Medications include Levothyroxine 125 mcg. Exam showed neck with positive Spurling's and limited range in all planes with spasms and tenderness to both trapezius muscles. Thoracic and lumbar range of motion has flexion of 65 degrees, extension 20 degrees, lateral bending 45-50 degrees and 80 degrees rotation. Deep tendon reflexes (DTRs) are 2+/4 with paresthesias to right hand and positive Tinel's at right carpal tunnel without atrophy and slight weakness. Diagnoses included chronic cervical strain, thoracic strain, lumbosacral strain, bilateral shoulder strain, resolving right wrist strain and CMC joint, right wrist post-traumatic carpal tunnel syndrome and s/p right knee arthroscopic surgery in 2006. The treatment plan included continuing physical therapy, a lumbar support brace, magnetic resonance imaging (MRI) of pelvis, medication Ketoprofen, physical therapy with cervical traction and collar, continue acupuncture and chiropractic care, and medications (Clinoril, Soma, Motrin, Elavil, Colace, Tylenol with codeine, Esgic for headaches, Nucynta, and Nutribullet supplements). Request for Ketoprofen 100% was non-certified on 9/20/13 by [REDACTED], pain management, citing guidelines criteria and lack of medical indication with treatment of Ketoprofen indicated for osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 100% #90 DOS: 9/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Section Integrated Treatment/Disability Guidelines, Pain (Chronic).

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

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 non-steroidal anti-inflammatory drugs (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 in the medical records provided for the medical indication of Ketoprofen in addition to current prescription of Motrin. The MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDs beyond a few weeks as there are no long-term studies to indicate its efficacy or safety. The Ketoprofen 100% #90 DOS: 9/10/2013 is not medically necessary and appropriate.