

Case Number:	CM13-0049390		
Date Assigned:	12/27/2013	Date of Injury:	06/29/2013
Decision Date:	03/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 42-year-old female who reported an injury on 06/29/2013, after lifting a heavy object, which reportedly caused injury to the low back. Previous treatments have included chiropractic care and physical therapy supported by medication usage. The patient developed an abdominal hernia that prevented further progress with physical activity. Physical exam findings on 08/21/2013 revealed that the patient had limited lumbar range of motion secondary to pain. It was noted that the patient was using ketoprofen cream that did provide pain relief. The patient's diagnoses included acute back pain and rule out lumbar radiculopathy. The patient's treatment plan at that time included an MRI of the lumbar spine and continued medication usage. The patient was evaluated on 10/09/2013. The patient did not have any change in physical exam findings and continued to have limited range of motion secondary to pain with diminished sensation in the right L3-4 and S1 dermatomes. The patient's treatment plan included a prescription of oral ketoprofen and continuation with other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-3 Ketoprofen 20% prescribed on 08/21/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Chronic Pain Guidelines do not recommend the use of this medication, since it is not FDA-approved as a topical agent. Therefore, continued use would not be indicated. As such, the requested ketoprofen 20% for prescription on 08/21/2013 is not medically necessary or appropriate.

Ketoprofen 75 mg #90 prescribed on 10/09/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The Chronic Pain Guidelines do not recommend this non-steroidal anti-inflammatory drug as a first-line treatment. The clinical documentation submitted for review does not identify that the patient has failed to respond to first-line non-steroidal anti-inflammatory drugs to include ibuprofen. Therefore, the prescription is not medically necessary or appropriate.