

Case Number:	CM13-0059438		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2000
Decision Date:	05/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert 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 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/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 injured worker is a 51-year-old male who reported injury on 06/07/2000. The documentation of 02/12/2013 revealed the request was made for a Firm mattress as well as Ketoprofen. The documentation of 10/01/2013 continued requesting for the Firm mattress. The diagnoses included HNP (Herniated Nucleus Pulposus) of L4-5, failed low back surgery syndrome and facet arthropathy of the lumbar spine. The request was made for Ketoprofen 20%, hydrocodone/APAP 10/325 and a firm Mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 20%: Upheld

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

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

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of the efficacy for the requested medication. There was a lack of documentation indicating a necessity for nonadherence to FDA Guidelines. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Ketoprofen 20% is not medically necessary.

REPLACEMENT FIRM MATTRESS: 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 Index 18th Edition (web), 2013, Treatment in workers Compensation, Low Back- Mattress Selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection, Knee & Leg Chapter, DME.

Decision rationale: Official Disability Guidelines indicate that mattress selection is selective and depends on personal preference and individual factors. However, a mattress is considered durable medical equipment. As such, there was application of the Durable Medical Equipment Guidelines which indicate that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment which includes can withstand repeated use including can be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home. The clinical documentation submitted for review failed to address and include that a mattress is not useful to a person in the absence of illness or injury and is primarily and customarily used to serve a medical purpose. Given the above, the request for replacement of a firm mattress is not medically necessary.