

Case Number:	CM14-0000814		
Date Assigned:	01/17/2014	Date of Injury:	05/21/2012
Decision Date:	06/10/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 31 year old female with a reported date of injury on 05/21/2012. The injury reportedly occurred when the worker ran down a flight of stairs and felt acute pain in the low back. The injured workers diagnoses included low back pain with radiculopathy, degenerative disc disease, myalgia, and peripheral neuropathy. The injured worker complained of low back pain that radiated down the back of the right leg and sometimes foot, rated at 8/10 on the pain scale. The injured worker's medication regimen included Amitriptyline, Cyclobenzaprine, Omeprazole, Ketoprofen, Diazepam and Sumatriptan. According to the clinical note dated 12/18/2013 the injured worker was diagnosed with a narrowed esophagus and complained of GI discomfort. The request for authorization for Ketoprofen was submitted on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS - NSAIDsx (non-steroidal anti-inflammatory drugs), ACOEM Guidelines, NSAIDs, Page 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: The CA MTUS guidelines recommend NSAIDs as a second-line treatment after acetaminophen. In general there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Furthermore, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also state that there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. The injured worker has a history of GI upset, which can be a side effect of long term use of NSAIDs. There is a lack of clinical documentation related to functional deficits. The clinical information provided lacks documentation of decreased pain and increased functional ability as it relates to the use of Ketoprofen. Therefore, the request for Ketoprofen is not medically necessary.