

Case Number:	CM14-0166944		
Date Assigned:	10/14/2014	Date of Injury:	09/19/2011
Decision Date:	11/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and 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 30 year old male with a date of injury on 7/19/2011. He is diagnosed with knee pain, status post-surgical knee arthroscopy, myofascial pain, meniscus tear, and iliotibial band syndrome. The magnetic resonance imaging scan of the knee records dated 6/18/2012 demonstrates 5-mm grade II cartilage lesion at the lateral aspect of the medial femoral condyle, small joint effusion, and no definite magnetic resonance imaging evidence for internal derangement. The magnetic resonance imaging scan of the left knee records dated 11/06/2012 noted pericruciate fat pad edema. This could represent fat pad impingement in the setting of the posterior knee pain; bone marrow edema within the non-cartilaginous portion of the inferior patella. This could represent a small osseous contusion in the setting of trauma; and a trace amount of edema deep to the iliotibial band in the setting of lateral knee pain. This could represent iliotibial band friction syndrome. The electrodiagnostic records dated 7/31/2014 which noted an abnormal study. It showed electrodiagnostic evidence that would be most consistent with a right-sided lumbar radiculopathy involving S1 nerve root. He underwent another magnetic resonance imaging scan of the right knee on 5/2/2014 and results noted subtle edema central infrapatellar fat-pad. Consider possible Hoffa's disease and no meniscal, ligamentous, or cartilaginous injury. The magnetic resonance imaging scan of the lumbar spine dated 5/27/2014 noted a less than 2 mm central L1-2 disc protrusion/contained disc herniation minimally effacing the thecal sac; a 3.1 mm central to left paracentral L5-S1 disc protrusion/contained disc herniation, effacing the epidural fat, but not distorting the thecal sac or proximal left S1 nerve root, having annular compromise/tearing contain within it; L5-S1 deteriorative disc desiccation without disc space narrowing; upper left and lower right lumbar rotary scoliosis with slight psoas muscle asymmetry correlated clinically for post-traumatic asymmetric weight bearing or on-going muscle spasm; multi-level lower thoracic and upper to mid lumbar Schmorl's nodes

complexes without physiologic activity; a congenitally tapering thecal sac, being small-normal in dimension; and slight increased lumbosacral angulation with multi-level limited facet joint fluid which is physiologic versus irritant. The most recent records dated 8/14/2012 documents that the injured worker complained of continued pain in the right knee. His blood pressure was 127/84 and his pulse was 81.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 retro prescription for Ketoprofen 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 72.

Decision rationale: Ketoprofen, non-steroidal anti-inflammatory drugs (anti-inflammatory) is generally indicated for osteoarthritis as well as mild to moderate pain. The Chronic Pain Medical Treatment Guidelines indicate that the lowest effective dose be used for all non-steroidal anti-inflammatory drugs for the shortest duration consistent with the individual worker treatment goals. In this case, the injured worker is noted to be utilizing ketoprofen in the long term. Prior records indicate that despite of its continued use the pain level of the injured worker remained at 5/10 and most recent records indicate that his pain level was rated at 7/10. There is no indication of any functional improvements achieved in spite of prolonged use. Due to absence of significant decrease in pain levels as well as functional improvements, the medical necessity of the retro request prescription for ketoprofen 75 mg #60 is not established. As such, this request is not medically necessary.