

Case Number:	CM14-0078386		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2008
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 Nevada. 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 records presented for review indicate that this 59 year old male was reportedly injured on 1/5/2008. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 7/10/2014. Indicates that there are ongoing complaints of neck, low back pain. The physical examination demonstrated antalgic gait, cervical, thoracic, and lumbar paraspinal muscles are tendered palpation, decreased sensation on the right side at C5 to CA dermatomes to light touch, left side decreased sensation to light touch L4 to S1, Spurling's test is positive bilaterally causing pain in the shoulder, and Lhermattes test is positive. No recent diagnostic studies are available for review. Previous treatment includes left knee surgery, right arm surgery, physical therapy, acupuncture, and medications. Requests were made for Ketoprofen 20 percent; referral to orthopedic, follow up in eight weeks was not certified in the preauthorization process on 5/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: CM3 - Ketoprofen 20% Dispensed 4-14-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page(s): 111- 112 of 127.

Decision rationale: Ketoprofen is not currently Food and Drug Administration (FDA) approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Therefore this medication is deemed not medically necessary.

Orthopedic Consult for General Orthopedic Complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7, Page 127 Official Disability Guidelines (ODG), Lumbar Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the requested referral is considered medically necessary and is recommended for certification. After review of the medical records provided is noted the injured worker does have multiple orthopedic complaints, however the treating physician did not provide justification for their requested referral. Therefore lacking pertinent documentation this request is deemed not medically necessary.

Follow Up in 8 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7, Page 127 Official Disability Guidelines (ODG), Lumbar Chapter, Office Visits.

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Decision rationale: The Medical Treatment Utilization Schedule (MTUS) supports the use of referrals when a diagnosis is uncertain, extremely complex, or when the claimant may benefit from additional expertise. Based on the clinical documentation provided, the requested referral is considered medically necessary and is recommended for certification. After review the medical records provided is noted the injured worker has been evaluated by the management which lasted service was 4/14/2014. There is no significant pain issues that are not controlled with the current

regimen, therefore there is not significant justification for continued care by pain management. Treating physician should be able to control pain undercurrent of pain regimen. Therefore this request is deemed not medically necessary.