

Case Number:	CM14-0085433		
Date Assigned:	07/23/2014	Date of Injury:	01/29/2011
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 29, 2011. A utilization review determination dated May 28, 2014 recommends noncertification of ketoprofen. Noncertification was recommended since long-term use of prescription anti-inflammatories are not indicated and a treating provider recommended that the patient stop this medication. A progress report dated January 6, 2014 identifies subjective complaints of low back pain. The note indicates that the patient has completed 5/8 therapy sessions and feels that the pain is improving. Current medications include ketoprofen and aspirin. Physical examination reveals tenderness in the paravertebral muscles in the lumbar spine with trigger points, positive lumbar facet loading, and positive straight leg raise. Diagnosis includes lumbar radiculopathy. The treatment plan recommends continuing medications. A progress report dated December 17, 2014 indicates that the patient continues to take ketoprofen and aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg 1 tablet orally as needed for pain. Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for ketoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the patient is using ketoprofen and aspirin. Guidelines do not support the concurrent use of 2 nonsteroidal anti-inflammatory medications. This combination may increase the risk of side effects and complications. Additionally, there is no indication that ketoprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested ketoprofen is not medically necessary.