

<b>Case Number:</b>	CM14-0205313		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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, 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:

According to the records made available for review, this is a 41-year-old female with a 6/1/11 date of injury. At the time (11/5/14) of request for authorization for Medication Ketoprofen 50mg #60 Times Two Refills Quantity: 2, there is documentation of subjective (severe knee pain) and objective (tenderness over the kneecap and crepitation noted) findings, current diagnoses (derangement of lateral meniscus and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Advil and Lyrica), physical therapy, and chiropractic therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Ketoprofen 50mg #60 times two refills quantity: 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back

pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). Within the medical information available for review, there is documentation of diagnoses of derangement of lateral meniscus and chronic pain syndrome. In addition, there is documentation of severe pain. Therefore, based on guidelines and a review of the evidence, this request is medically necessary.