

Case Number:	CM14-0035358		
Date Assigned:	06/25/2014	Date of Injury:	02/27/2013
Decision Date:	01/02/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and opioid therapy. In a Utilization Review Report dated March 18, 2014, the claims administrator failed to approve a request for a renal hepatic function testing and also failed to approve a request for oral Ketoprofen. The claims administrator stated that its decision was based on non-MTUS ODG guidelines but did not incorporate any guidelines into its rationale. The claims administrator stated that its decision was based on a January 29, 2014 RFA form and associated progress note. In a December 4, 2013 progress note, the applicant reported ongoing complaints of low back and hip pain. The applicant's work status and medications were not furnished. In an October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had completed eight sessions of manipulative therapy without relief. The applicant was using tramadol and topical LidoPro. Ketoprofen had reportedly been discontinued owing to lack of efficacy. 6/10 pain complaints were noted. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. Lumbar MRI imaging, electrodiagnostic testing, and left-sided SI joint injection therapy were endorsed. In a December 6, 2013 progress note, the applicant reported ongoing complaints of low back pain. Soma, tramadol, Celebrex, an electrical stimulation device, and lumbar epidural steroid injection were endorsed. A 10-pound lifting limitation was also suggested. It did not appear that the applicant was working with said limitation in place. On January 29, 2014, the applicant was asked to obtain renal and hepatic function testing. Oral Ketoprofen was endorsed on a trial basis. It was stated that the applicant had tried Motrin and

Aleve without any relief. It was stated that tramadol was the only medication which the applicant was using prior to this date. In a Utilization Review Report dated March 18, 2014, the claims administrator failed to approve a request for a renal hepatic function testing and also failed to approve a request for oral ketoprofen. The claims administrator stated that its decision was based on non-MTUS ODG guidelines but did not incorporate any guidelines into its rationale. The claims administrator stated that its decision was based on a January 29, 2014 RFA form and associated progress note. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note, the applicant reported ongoing complaints of low back and hip pain. The applicant's work status and medications were not furnished. In an October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had completed eight sessions of manipulative therapy without relief. The applicant was using tramadol and topical LidoPro. Ketoprofen had reportedly been discontinued owing to lack of efficacy. 6/10 pain complaints were noted. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. Lumbar MRI imaging, electrodiagnostic testing, and left-sided SI joint injection therapy were endorsed. In a December 6, 2013 progress note, the applicant reported ongoing complaints of low back pain. Soma, tramadol, Celebrex, an electrical stimulation device, and lumbar epidural steroid injection were endorsed. A 10-pound lifting limitation was also suggested. It did not appear that the applicant was working with said limitation in place. On January 29, 2014, the applicant was asked to obtain renal and hepatic function testing. Oral ketoprofen was endorsed on a trial basis. It was stated that the applicant had tried Motrin and Aleve without any relief. It was stated that tramadol was the only medication which the applicant was using prior to this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical panel to evaluate liver & kidney function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition. California MTUS guidelines, web-based edition, http://dir.ca.gov/t8/ch4_5sb1a5_52.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using NSAIDs should periodically obtain renal function testing, hepatic function testing, and hematologic function testing for monitoring purposes. Here, the applicant was previously using Celebrex, an anti-inflammatory medication. The attending provider did introduce oral Ketoprofen, another anti-inflammatory medication, on the date in question. Assessment of the applicant's renal and hepatic function to ensure that the applicant's then-current levels of renal and hepatic functions were consistent with prescribed medication was indicated. Therefore, the request is medically necessary.

Ketoprofen 75 MG, capsules # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, treatment in Workers Compensation; 2014 web-based edition. California MTUS guidelines, web-based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Ketoprofen represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain seemingly present here on or around the date in question. The request in question was a first-time request for the same. This was introduced on the ground that other NSAIDs such as Naprosyn, Motrin, and Celebrex, had previously been tried and failed. Therefore, the first-time request for Ketoprofen is medically necessary.