MAXIMUS Federal Services

Case Number:	CM15-0001464		
Date Assigned:	01/12/2015	Date of Injury:	11/05/2013
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 11/05/2013. The mechanism of injury was not provided.On 01/14/2015, the injured worker presented for a followup. He had complaints of significant low back pain that radiates to the right lower extremity. Upon examination of the lumbar spine there was tenderness to the vertebral muscles with spasm. There was restricted range of motion and a positive bilateral straight leg raise. There was tenderness to palpation over the greater trochanter over the hip and pressure over the piriformis produces pain.The diagnosis was lumbar radiculopathy. Current medications included carisoprodol 350 mg, Norco 5/325 mg, ketoprofen 75 mg, omeprazole 20 mg, Zolpidem titrate tablets 10 mg and Voltaren 1% gel. The provider recommended ketoprofen 75 mg with a quantity of 30 and 2 refills. There was no rationale provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Ketoprofen 75mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with a risk of cardiovascular events include MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals.The lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. There is no information on treatment history, length of time the injured worker has been prescribed ketoprofen. Additionally, the provider's request as submitted does not indicate the frequency of the medication. As such, the medical necessity has not been established.