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| Case Number: | CM15-0008582 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 07/11/2014 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57 year old male who sustained an industrial injury on July 11, 2014. He has reported pain, swelling, and stiffness to his left ankle and has been diagnosed with left fibular fracture status post open reduction and internal fixation. Treatment to date has included surgery, physical therapy, and medication. Currently the injured worker complains of pain, swelling, and stiffness to his left ankle. The treatment plan included conservative treatment. On December 16, 2014 Utilization Review modified flexeril 10 mg # 49 and non certified Ketoprofen 120 mg citing the MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): Ketoprofen- p.112.

Decision rationale: Ketoprofen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The documentation does not indicate a quantity. The documentation does not indicate any extenuating circumstances which would require this non FDA approved topical medication, therefore this is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Flexeril 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 10mg #60 is not medically necessary.