

Case Number:	CM15-0148143		
Date Assigned:	08/11/2015	Date of Injury:	11/10/2010
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/30/2015

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

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 53 year old female, who sustained an industrial injury on 11-10-2010. The injured worker is currently working full time with modifications. The injured worker is currently diagnosed as having left shoulder pain, rotator cuff and biceps tendinitis status post surgery, left elbow medial and lateral epicondylitis, wrist flexor-extensor tendinitis, prior diagnosis of left ulnar neuropathy, and neck pain with cervical disc degeneration. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. In a progress note dated 06-25-2015, the injured worker reported left elbow pain. Objective findings included tenderness to palpation to the left arm, mild pain with cervical spine range of motion, and pain on palpation of the left shoulder. The treating physician reported requesting authorization for Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 50mg #60 refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medications for chronic pain Page(s): 22, 60.

Decision rationale: The current request is for Ketoprofen 50mg #60 refills 3. The RFA is dated 06/25/15. Treatment and diagnostics to date has included shoulder surgery 09/03/13, physical therapy, home exercise program, and medications. The patient is working full time in a modified duty position. MTUS, Anti-inflammatory medications, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP". MTUS Chronic Pain Guidelines under medications for chronic pain, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Per report 06-25-2015, the patient reported left elbow pain. Objective findings included tenderness to palpation to the left arm, mild pain with cervical spine range of motion, and pain on palpation of the left shoulder. This is a request for Ketoprofen, which the patient has been utilizing since 11/10/10. The patient reports that Ketoprofen is effective in reducing her pain. With the use of medications, the patient is able to continue working full-time. The patient reports no side effects. In this case, given the patient's symptoms and the treater's documentation of medication efficacy in terms of pain and function, the requested refill is medically necessary.