MAXIMUS Federal Services

Case Number:	CM15-0191882		
Date Assigned:	10/05/2015	Date of Injury:	03/08/2001
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year old male patient, who sustained an industrial injury on 3-8-01. The diagnoses have included chronic bilateral knee pain; status post bilateral knee replacement surgeries; left ankle pain due to impingement and right foot pain due to metatarsal cuboid arthritis. Per the doctor's note dated 8/26/2015, he had complaints of chronic pain in both knees, left ankle and a right foot. He had pain at 8/10 without medications and 5/10 with medications. The physical examination revealed pain with palpation of the bilateral knees, right foot and left ankle and surgical scar over the bilateral knees. The current medications list includes ketoprofen, pantoprazole, cyclobenzaprine and Norco. He has undergone bilateral knee replacement surgeries, lap band surgery in 2012 and left foot surgery on 3-8-01. He had multiple diagnostic studies including left and right knee MRIs, left ankle MRI. Treatment to date has included medications; home interferential unit; orthotics; surgeries. He had urine drug screen on 5/12/15 which was positive for temazepam and oxazepam (inconsistent).The original utilization review (9-23-15) non-certified the request for ketoprofen 75mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: Ketoprofen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had chronic pain in both knees, left ankle and a right foot with history of multiple surgeries. NSAIDs are considered first line treatment for pain and inflammation. The request for Ketoprofen 75mg #90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.