

Case Number:	CM15-0205765		
Date Assigned:	10/22/2015	Date of Injury:	10/19/2007
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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, Hawaii

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 62-year-old male who sustained an industrial injury on 10-19-2007 and has been treated for internal derangement of the knee. The medical record provided dated 9-24-2015 states that the injured worker had not shown improvement since the last examination. No subjective description of symptoms was provided. Objective examination revealed tenderness to pressure "over the medial knee," and positive McMurray's. The note stated there was no swelling, warmth, deformities, asymmetry or external trauma. Documented treatment includes Omeprazole, Orphenadrine ER, Tramadol Hcl, and Ketoprofen ER. The injured worker had been prescribed Naproxen Sodium but it is noted to be discontinued. The length of time on medication or response is not documented in the provided records. No other treatment is discussed. The treating physician's plan of care includes Ketoprofen #30 with 2 refills which was non-certified on 10-30-2015. Current work status is noted as permanently partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen extended release 200mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The records indicate the patient is having ongoing complaints of knee pain dating back to 2007. The current request for consideration is Ketoprofen ER 200mg QTY: 30 with 2 refills. The 9/24/15 attending physician report requests 1 Ketoprofen Er 200 Mg Capsule SIG: Take capsule(s) by mouth daily as needed REF: 2. The CA MTUS has this to say regarding NSAIDs: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Ketoprofen 50, 75 mg, Ketoprofen ER 200 mg: Dosing: Osteoarthritis: Regular release capsule 50mg four times per day or 75mg three times per day (max 300mg/day). XR capsule 200mg once daily. Mild to moderate pain: Regular release capsule 50mg every 6 to 8 hours (Max 300mg/day). Additionally, CA MTUS page 60 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. In this case, the injury dates back to 2007. It is unknown how long the patient has been taking NSAIDs. The most relevant report dated 9/24/15 offers no discussion regarding pain assessment. There is no documentation of pain relief with medication or improved functional benefit. Prolonged use of NSAIDs are not recommended without documentation of pain relief and functional improvement per MTUS on page 60. The current request is not medically necessary.