

Case Number:	CM15-0209983		
Date Assigned:	10/28/2015	Date of Injury:	11/18/2013
Decision Date:	12/17/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This injured worker is a 60 year old male, who sustained an industrial injury on 11-18-2013. The injured worker was diagnosed as having joint derangement - unspecified, trochanteric bursitis- unspecified hip and sprain of joints and ligaments of other parts of neck- subsequent encounter. On medical records dated 10-01-2015, the subjective complaints were noted as status post umbilical hernia repair, pain at surgical site and right shoulder pain. Objective findings were noted as cervical spine spasm in the paraspinal muscles. Tenderness to palpation of the paraspinal muscles was noted. Bilateral shoulders were noted as having tenderness to pressure over the anterior shoulders. Bilateral shoulders were noted to have restricted range of motion with positive impingement signs. And hips were noted to have tenderness to pressure over bilateral greater trochanter. Knees were noted to have tenderness to pressure over the medial knees bilaterally. Treatments to date included physical therapy and medication. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Ketoprofen Er and Omeprazole Dr. The Utilization Review (UR) was dated 10-12-2015. A Request for Authorization was dated 10-01-2015. The UR submitted for this medical review indicated that the request for Ketoprofen ER 200mg #30 with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen ER 200mg #30 with 2 refills: Overturned

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): Anti-inflammatory medications.

Decision rationale: The patient presents with right shoulder and hernia pain. The current request is for Ketoprofen ER 200mg #30 with 2 refills. The treating physician's report dated 10/01/2015 states, "His right shoulder pain persists. We will give him medications today for pain." Medical reports do not show a history of Ketoprofen use. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, it appears that the physician would like to trial Ketoprofen to determine its efficacy in terms of pain relief and functional improvement. MTUS Guidelines support the use of anti-inflammatories as first-line treatment for chronic pain. The current request is medically necessary.