

Case Number:	CM15-0035478		
Date Assigned:	03/03/2015	Date of Injury:	01/27/2012
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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 61 year old female, who sustained a work related injury on 1/27/12. She fell down the steps at work and injured head, neck, arms, shoulders, elbows, back, buttocks, legs, knees and feet. The diagnoses have included major depression, lumbar strain, cervical strain and occipital headaches. Treatments to date have included MRI lumbar spine, medications, TENS unit therapy and epidural steroid injections. In the Initial Psychological Evaluation Report dated 10/21/14, the injured worker complains of constant, stabbing and aching low back pain. She states it is worse in the mornings. She complains of right knee pain. She states she feels like the knee "goes out" when she is walking. She complains of headaches that occur mainly in the evenings and feels like they are triggered by stress. There no other more recent progress noted in the medical record file. On 2/12/15, Utilization Review non-certified requests for Ketoflex and Naproxen. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoflex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects for Ketoprofen Page(s): 70-73.

Decision rationale: The 2/12/15 Utilization Review letter states the Ketoflex was denied, as there were not examinations or reports provided for review, and MTUS states topical analgesics are largely experimental, and primarily used for neuropathic pain. There was no indication that the patient has neuropathic pain, or has tried antidepressant or anticonvulsant medications. Medical records provided for this review extend from 3/3/1988 through 10/21/14. The 10/21/14 report is a psychiatric report that does not discuss medications, particularly Ketoflex or naproxen, but does recommend monitoring of (unspecified) psychotropic medications. The most recent orthopedic report provided, is dated 9/3/14, and is the treating physician's permanent and stationary report. The report states the patient is taking aspirin, Tylenol and oxycodone 1-1/2 tabs a day as well as Clonazepam. At that time, the patient's chief complaint was "back pain." There are no medical reports available from 2015, or that discuss the dosage or efficacy of Ketoflex. Ketoflex contains ketoprofen. MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 NSAIDs, specific drug list & adverse effects for Ketoprofen, provides the (Boxed Warning): This medication is not indicated for minor or chronic painful conditions. There are no recent medical reports provided that discuss the Ketoflex, and do not discuss if the patient's condition is minor, or a chronic painful condition. This is an incomplete prescription. There is not enough information provided to verify that the medication is in accordance with the appropriate MTUS guidelines. Since there is no current reporting on the patient's current presentation, functional status, or medications, the request cannot be assumed to be in accordance with any guideline. Therefore, the request for Ketoflex IS NOT medically necessary.

Naproxen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects for Naproxen Page(s): 70-73.

Decision rationale: The 2/12/15 Utilization Review letter states the Naproxen was denied, because MTUS requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. No examination or reports were provided for the utilization review. Medical records provided for this review extend from 3/3/1988 through 10/21/14. The 10/21/14 report is a psychiatric report that does not discuss medications, particularly Ketoflex or naproxen, but does recommend monitoring of (unspecified) psychotropic medications. The most recent orthopedic report provided, is dated 9/3/14, and is the treating physician's permanent and stationary report. The report states the patient is taking aspirin, Tylenol and oxycodone 1-1/2 tabs a day as well as Clonazepam. At that time, the patient's chief complaint was "back pain." There are no medical reports available from 2015, or that discuss the dosage or efficacy of Naproxen MTUS Chronic Pain Medical Treatment Guidelines, pg 70-73 NSAIDs, specific drug list & adverse effects for Naproxen states the dose should be 250-500 mg PO twice a day, and the maximum dose in one day should not exceed 1250mg and 100mg on

subsequent days. There are no recent medical reports provided that discuss the naproxen, the strength and dosage and duration was not provided. This is an incomplete prescription. There is not enough information provided to verify that the medication is in accordance with or whether the dosing exceeds the appropriate MTUS guidelines. Since there is no current reporting on the patient's current presentation, functional status, or medications, the request cannot be assumed to be in accordance with any guideline. Therefore, the request for Naproxen IS NOT medically necessary.