

Case Number:	CM14-0121048		
Date Assigned:	09/16/2014	Date of Injury:	06/03/1999
Decision Date:	12/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 71-year-old female who has submitted a claim for lumbosacral neuritis, cervical disc degeneration, cervical radiculopathy, lumbar radiculopathy, right foot pain, and bilateral knee pain associated with an industrial injury date of 6/3/1999. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain with bilateral upper extremity radiation, low back pain with bilateral lower extremity radiation, bilateral knee pain, and bilateral foot pain. Patient was able to tolerate ketoprofen and reported improvement of function with medication use. Physical examination of the lumbar spine showed tenderness and positive straight leg raise test bilaterally. Both knees and right first metatarsal were positive for tenderness. Moderate swelling was noted in the ankles. Treatment to date has included tizanidine, hydrocodone, ketoprofen (since 2013), Cartivisc, and Restone. The utilization review from 7/16/2014 denied the request for ketoprofen 50mg #60 because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 50mg, #60: 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
Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient was prescribed ketoprofen since 2013. Patient was able to tolerate ketoprofen and reported improvement of function with medication use. However, long-term NSAID use is not guideline recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for ketoprofen 50mg, #60 is not medically necessary.