

Case Number:	CM14-0110105		
Date Assigned:	08/01/2014	Date of Injury:	09/29/2007
Decision Date:	02/26/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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: New Jersey, New York
 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:

The injured worker is a 58 year-old female who was injured on 9/29/07. The patient complained of neck pain radiating to bilateral upper extremities and low back pain. On exam, she had a tender cervical spine and left trapezius muscles with decreased range of motion. She had tender lumbar spine with decreased range of motion. A 4/2008 MRI of the lumbar spine showed a disc bulge at L4-5. A 4/2008 MRI of cervical spine showed compromise of the right exiting nerve root at C4-5. In 7/2008, she had electrodiagnostic studies showing normal exam of the upper extremities. MRI of right shoulder showed severe supraspinatus tendinosis in 4/2008. A repeat MRI in 7/2010 showed tear of distal supraspinatus tendon. She was diagnosed with cervical radiculopathy, lumbar disc degeneration, left shoulder pain, osteoarthritis, anxiety, iatrogenic opioid dependency, and constipation. The patient complained of gastrointestinal upset and constipation with medications. She also utilized opioids, topical analgesics, and home exercise. She had a suprascapular nerve block in 1/2014. The current request is for Ketoprofen 50mg, #60 which was denied by utilization review on 6/18/14.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Ketoprofen is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. It is unclear by the chart when Ketoprofen was first started. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. The patient already had GI upset with the use of her medications. Therefore, the request is considered not medically necessary.