

Case Number:	CM14-0117511		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2013
Decision Date:	06/26/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/28/2014

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 37 year old male, who sustained an industrial injury on 2/3/13. He reported initial complaints of neck and upper extremities, back. The injured worker was diagnosed as having cervical sprain; head injury NOS; lumbar radiculopathy. Treatment to date has included physical therapy; cervical spine injections; trigger point injections; medications. Currently, the PR-2 notes dated 6/16/14 indicated the injured worker complains of no significant improvement since the last examination. His pain has worsened and is having an exacerbation since five day ago. He received a cortisone trigger point injection to his neck last month, which he states worsened the pain. He experiences shooting pain to this left shoulder when he coughs. His primary symptoms are stiffness and pain in his lower and upper back. Chiropractic care has been denied, but he needs some form of therapy since the medications alone have not reduced his symptoms. On physical examination, his cervical and lumbar spine paravertebral muscles are tender with spasms present. His range of motion is moderately restricted with deep tendon reflexes normal and symmetrical. Sensation and motor strength are grossly intact. His straight-leg-raising test is positive bilaterally. The treatment plan includes physical therapy for his exacerbation of back pain; a back support was also issues. The provider has requested Ketoprofen 75 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind the long-term use of Ketoprofen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Ketoprofen to the lowest effective dose and used it for the shortest period possible. Ketoprofen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Ketoprofen 75 mg #30 with 2 refills is not medically necessary.