

Case Number:	CM15-0173600		
Date Assigned:	09/15/2015	Date of Injury:	07/06/1987
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 6, 1987. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for oral ketoprofen. The claims administrator referenced an RFA form received on August 13, 2015 and an associated progress note of August 6, 2015 in its determination. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported ongoing complaints of low back pain, 8/10 with medications versus 10/10 without medications. The applicant reported difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, and sleeping secondary to pain. The applicant was not working, it was acknowledged. The applicant exhibited multiple palpable trigger points, it was reported. Neurontin, oral ketoprofen, MS Contin, tizanidine, and an ibuprofen-containing ointment were endorsed. The applicant was seemingly kept off of work. The attending provider stated toward the bottom of the note that the applicant was using several NSAIDs to include oral naproxen, oral ketoprofen, baby aspirin, Mobic, and salsalate, several of which were being furnished by other providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg, 1 every 12 hours, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for oral ketoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ketoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, it was reported on July 9, 2015. Ongoing usage of ketoprofen failed to curtail the applicant's dependence on opioid agents such as MS Contin, it was acknowledged on that date. Ongoing usage of oral ketoprofen failed to curtail the applicant's dependence on numerous topical agents to include topical Lidoderm and topical ibuprofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not state why the applicant was using so many different anti-inflammatory medications, including oral naproxen, oral ketoprofen, oral salsalate, oral Mobic, and an ibuprofen-containing cream. Therefore, the request was not medically necessary.