
Notice of Independent Medical Review Determination

Dated: 10/11/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	3/15/2007
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002571

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ketoprofen 75mg for lumbar spine one to two a day for inflammation and spine pain **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ketoprofen 75mg for lumbar spine one to two a day for inflammation and spine pain is **medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 9, 2013:

“This 62-year-old male sustained an injury on 3/15/07. The mechanism of injury was not provided for review. The diagnoses were status post lumbar fusion in 2008, status post cervical spine fusion at C5-6 in 2002, history of stroke one year ago affecting his right side, and bilateral carpal tunnel syndrome per a nerve study dated 10/8/12. The agreed medical evaluation (AME) report dated 6/16/12, noted the patient was permanent and stationary with future medical care for medications including anti-inflammatories, pain management, imaging studies, and orthopedic follow-ups. The progress report dated 5/13/13, noted the patient complained of neck and bilateral upper extremity numbness, tingling, and pain rated at 6/10 on the visual analog scale (VAS). He had been seeing his regular doctor for problems with kidney stones and would be getting lithotripsy soon. He had been taking Norco S/325mg two to three per week, as well as Lyrica 75mg three times a day. He noted that Lyrica was very helpful for his nerve symptoms. The cervical and lumbar spine exam noted tenderness with decreased range of motion, decreased sensation, and decreased motor exam. The patient was prescribed Norco 5/325mg, Lyrica 75mg every 8 hours, and Ketoprofen 75mg 1-2 per day.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/9/2013)
- Employee medical records from [REDACTED]

- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ketoprofen 75mg for lumbar spine one to two a day:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 74-82, Opioids, pg. 68, which is a part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22 and Ketoprofen, pg. 56 and NSAIDS (non-steroidal anti-inflammatory drugs) pg. 67-68 which is part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 3/15/2007 resulting in chronic neck and low back pain. The medical records provided for review indicate employee underwent angioplasty and stent placement in the left anterior descending coronary artery, and subsequently angioplasty and stent placement for the left circumflex coronary artery. There is mild left ventricular hypertrophy. The 12/15/12 report notes neck and back pain; the 3/18/13 report states neck and bilateral carpal tunnel syndrome complaints; the 7/9/13 utilization review letter states the ketoprofen was recommended on 5/13/13 for lumbar inflammation. The request is for Ketoprofen 75mg for lumbar spine one to two a day for inflammation and spine pain.

The Chronic Pain guidelines recommend NSAIDs for chronic low back pain. The medical records provided for review indicate the employee has chronic neck and low back pain which meets guideline criteria for Ketoprofen. The request for Ketoprofen 75mg for lumbar spine one to two a day for inflammation and spine pain **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.