

Case Number:	CM14-0140471		
Date Assigned:	09/10/2014	Date of Injury:	04/02/2013
Decision Date:	10/06/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/29/2014

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 in Occupational Medicine 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 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:

This patient is a 46 year old female who developed persistent left elbow and upper extremity pain subsequent to an injury date of 4/2/13. She has been treated with 2 injections to the left elbow, which is reported to afforded immediate short term relief and 40% improvement in long term relief. She is also has a diagnosis of bilateral carpal tunnel syndrome. A MRI study of the left elbow is pending. A recent AME evaluation reviewed the medications in some detail and stated that the anti-inflammatory is utilized as needed and its use results in improved sleep. The treating physician has continued to prescribe NSAID's, but does not document any details regarding use and benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ketoprofen 75mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Page(s): 67-70..

Decision rationale: MTUS Guidelines supports the judicious use of NSAID mediations for inflammatory conditions. Even though the treating physician does not detail benefits of the

medication, the fairly recent AME evaluation did take the time and effort to document medication use and benefits. It was noted that the medications are used on an as needed basis and provide enough pain relief to allow improved sleep. Under these circumstances the Ketoprofen 75mg #30 is consistent with Guidelines and is medically necessary.