

<b>Case Number:</b>	CM13-0059255		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2013

### 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:

The applicant has filed a claim for chronic hip pain associated with an industrial injury of January 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical compound; a wrist brace; and reported return to work. A March 30, 2012 progress note is notable for comments that the applicant has returned to regular duty work. This is echoed by a February 4, 2013 progress note which incongruously states that the applicant can return to work without restriction in one section of the note and later states that the applicant is on total temporary disability since August 21, 2012. On December 17, 2013, the applicant reports persistent back, neck, and hip pain. The applicant is described as having grossly intact motor function about the upper and lower extremities. Acupuncture, work restrictions, and an ergonomic evaluation are endorsed. On October 15, 2013, the attending provider refilled prescriptions for Soma, Medrox, and oral ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation MTUS: ACOEM, 12, 301

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant is several years removed from the date of injury of January 30, 2012. Continued usage of the lumbar support is neither indicated nor supported by ACOEM. Therefore, the request remains non-certified, on independent medical review.

**MEDROX PAIN RELIEF OITMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per MTUS Chronic Pain Medical Treatment Guidelines, largely experimental. It is further noted that the applicant is using oral ketoprofen with good effect. The documentation indicates that she has been returned to work. Therefore, the request remains not certified, on independent medical review.

**CARISOPRODOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not recommended, particularly, when used in conjunction with opioid analgesics. The MTUS Chronic Pain Medical Treatment Guidelines do not support long term usage of carisoprodol or Soma, which has been deemed habit forming. In this case, the attending provider has not furnished any applicant specific rationale, narrative, or commentary so as to try and offset the unfavorable MTUS recommendation. Therefore, the request remains not certified, on independent medical review.

**KETOPROFEN 75MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 22

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medications such as ketoprofen do represent the traditional first-line of treatment for various conditions, including the chronic low back reportedly present here. In this case, the applicant is described as having responded favorably to the same. The applicant has been returned to work. Most of the documents on file are notable for comments that the applicant is working. Ongoing usage of ketoprofen has been successful as defined by the parameters established in MTUS 9792.20f, specifically the applicant's favorable work status. Therefore, the request is certified.