

<b>Case Number:</b>	CM13-0063332		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 is a represented [REDACTED] employee who has filed a claim for neck, low back, and myofascial pain syndrome reportedly associated with an industrial injury of June 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report of November 28, 2013, the claims administrator denied a request for oral Ketoprofen. The applicant's attorney subsequently appealed. In a progress note dated September 20, 2013, the applicant's treating provider stated that he reported fairly severe pain. The applicant stated that he was working with restrictions and was attending physical therapy. Oral Ketoprofen was issued at that point in time. On October 4, 2013, the attending provider wrote that the applicant was working with restrictions in certain sections of the report and reported 9/10 pain. Epidural steroid injection therapy was endorsed, while oral Ketoprofen was renewed. Another October 21, 2013 progress note was notable for comments that the applicant was having heightened pain complaints and difficulty performing household chores. The applicant's pain was aggravated by standing and walking. Nothing alleviated the applicant's pain. A January 15, 2014 progress note stated that the applicant was not using oral Ketoprofen as it was not helping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF KETOPROFEN 75MG CAPSULE TWICE A DAY FOR 30 DAYS, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory medications Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti-inflammatory medications such as Ketoprofen do represent the traditional first-line of treatment for various chronic pain conditions, in this case, however, the applicant had seemingly used Ketoprofen for some time and had failed to profit through prior usage of the same. The applicant had a rather proscriptive 10-pound lifting limitation, which remained in place, unchanged from visit to visit. The applicant himself reported Ketoprofen was not working. Ultimately, the attending provider concurred and chose to discontinue Ketoprofen. Therefore, the request for Ketoprofen is not medically necessary and appropriate, on the grounds that the applicant failed to receive any functional improvement from usage of the medication.