

<b>Case Number:</b>	CM13-0068873		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 06/01/2007. According to report dated 11/12/2013 by [REDACTED], the patient presents with persistent neck pain which she currently rates at 4-5/10 on a pain scale. He states he continues to work with modified duty. He had an epidural injection on 07/18/2013 which helped decrease his pain about 50%. The patient states medications help decrease his pain more than 50% temporarily and it allows him to increase his activity level. He denies any side effects with medication. Examination revealed decreased range of motion in all planes of the cervical spine, pain with facet loading in the cervical spine at level C3 to C4 and C4 to C5 bilaterally. Sensation is intact and motor strength is 4+/5 in the bilateral upper extremities. The patient's medication regimen includes Norco 5/325 mg, ketoprofen 75 mg, and Prilosec 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 75MG #90 WITH TWO REFILLS:** Upheld

**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 rationale:** The MTUS guidelines support the use of NSAIDs for low back pain in the acute and chronic stage. Progress report from 11/12/2013 states patient receives 50% or more temporary relief from his medication regime but only little relief from ketoprofen. MTUS requires documentation of pain assessment and functional changes when medications are used for chronic pain. Ketoprofen does not appear to make a significant difference in this patient's pain and should be discontinued. Medical necessity is not established.

**A REPEAT CERVICAL EPIDURAL STEROID INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

**Decision rationale:** MTUS Guidelines indicate that ESI is an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections, MTUS requires 50% reduction of pain lasting 6 to 8 weeks and reduction of medication use. In this case, progress report from 11/12/2013 indicates the patient received 50% pain relief after the cervical epidural steroid injection from 07/18/2013. However, actual review of the progress report immediately following the injection indicates pain reduction by about 25%. Reports also show that the patient continued with opiates including hydrocodone without any reduction. MTUS requires pain improvement by 50% as well as reduction of medication use for repeat ESI injections. Recommendation is for denial.