

<b>Case Number:</b>	CM13-0070230		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 patient is a 49-year-old male who has submitted a claim for lumbar radiculopathy, right leg contusion and skin laceration status post skin graft, anxiety reaction, and hypertension out of control due to orthopedic condition; associated from an industrial injury date of 10/29/2008. Medical records from 11/19/2013 to 12/19/2013 showed that patient complained of back and right leg pain. Physical examination showed paraspinal tenderness and spasm, with limitation of range of motion. DTRs were present and normal. Motor testing was normal. Sensation was intact. Treatment to date has included skin grafting, and medications such as ketoprofen, orphenadrine, omeprazole, hydrocodone, and Medrox pain relief ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 75 MG ONCE DAILY, QUANTITY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §§9792.20 - 9792.26 Page(s): 67-70.

**Decision rationale:** As stated on pages 67-70 of CA MTUS Chronic Pain Medicine Guidelines, NSAIDs are recommended for moderate to severe pain at the lowest dose for the shortest period of time. However, all NSAIDs (except naproxen) are associated with increased risk of cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. In this case, there is no objective evidence of failed trials with safer first line NSAIDs (i.e. naproxen). Moreover, the patient has concomitant hypertension, which may be aggravated by Ketoprofen use. Therefore, the request for ketoprofen 75 mg is not medically necessary.