

<b>Case Number:</b>	CM14-0020346		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 79-year-old female who has submitted a claim for bilateral lumbar facet joint pain at L4-L5 and L5-S1; lumbar facet joint arthropathy; central disc protrusion at L3-L3, L4-L5, and L5-S1; grade I spondylolisthesis at L5, lumbar degenerative disc disease, lumbar sprain/strain; left knee degenerative joint disease; left knee arthroscopy; and left knee medial meniscus tear associated with an industrial injury date of February 27, 2012. Medical records from 2013-2014 were reviewed. The patient complained of bilateral low back pain, rated 8.5/10 in severity. The pain was classified as achy in quality. It was exacerbated by prolonged sitting, prolonged standing, and driving. Physical examination showed tenderness of the lumbar paraspinal muscles overlying the bilateral L3-L4, L4-L5, and L5-S1 facet joints. Lumbar and bilateral lower extremity range of motion were restricted by pain in all directions. Pressure at the sacral sulcus was positive bilaterally. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left knee arthroscopy. Utilization review, dated February 11, 2014, denied the request for 1 prescription of ketoprofen cream because of lack of support from the guidelines and it is not FDA approved. The request for 1 fluoroscopically guided diagnostic bilateral L4-L5 and L5-S1 facet joint medial branch block was denied as well because the patient's pain appeared to be radicular in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF KETOPROFEN CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As stated on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Moreover, there is no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. Therefore, the request for ONE (1) PRESCRIPTION OF KETOPROFEN CREAM is not medically necessary.

**ONE (1) FLUOROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L4-L5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient has persistent low back pain. The rationale for the request was to evaluate for the presence of bilateral lumbar facet joint pain as the reason for the patient's bilateral low back pain symptoms. Recent progress report dated February 28, 2014 showed that the patient has non-radicular low back pain. There was no evidence of nerve compromise like decreased sensation, reflexes, and motor strength. Lumbar spine special maneuvers were also negative. There was also failure of physical therapy, NSAIDs, and conservative treatments. The guideline criteria have been met. Therefore, the request for ONE (1) FLOUROSCOPICALLY GUIDED DIAGNOSTIC BILATERAL L4-L5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK is medically necessary.

