

<b>Case Number:</b>	CM14-0096721		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/11/2000
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 48-year-old male who reported an injury on 11/01/2000. The mechanism of injury was when the injured worker bent over and felt a sharp pain in his low back. The diagnoses included lumbar radiculopathy, lumbar facet arthropathy, and facet low back syndrome. The previous treatments included epidural steroid injections and medication. Diagnostic testing included an EMG/NCV and an MRI. Within the clinical note dated 04/23/2014, it was reported that the injured worker complained of low back pain. The injured worker complained of aching, stabbing, and cramping pain in the low back with radiation of aching and cramping to the bilateral lower extremities, left greater than right. He rated his pain 5/10 to 6/10 in severity. Upon physical examination, the provider noted tenderness to palpation of the bilateral lumbar paraspinals. The injured worker had decreased flexion and extension. The provider noted the injured worker was able to toe-walk and heel-walk with increased low back pain. The provider requested ketoprofen to help with pain. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 66-67, 72.

**Decision rationale:** The request for ketoprofen 75 mg quantity of 90 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The guidelines note ketoprofen is a nonsteroidal anti-inflammatory agent for the use of osteoarthritis; however, it is not FDA-approved for topical use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 04/2014. Therefore, the request is not medically necessary.