

<b>Case Number:</b>	CM14-0098163		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/09/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational Medicine and is licensed to practice in Colorado. 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 worker is a 57-year-old man injured on January 9, 2011 from repetitive trauma. As of March 2014 the worker had subjective complaints of upper, mid and low back pain. Examination findings include antalgic gait, use of a cane, decreased range of motion in all planes, positive left straight leg raise, positive dural tension signs, tenderness over the left L4-5 and L5-S1 facet joint with positive facet loading on the left. Neurologic exam documents decreased sensation on the left L5-S1 distribution, 4+/5 quadriceps and hamstring strength and dorsi flexion strength/EHL strength on the left. Treatment has included acupuncture with physical therapy and medications including Norco, Flexeril, Elavil, and ketoprofen. There is documentation that the medication helps to decrease pain and increase activity level, as well as improved sleep. [REDACTED] to decrease the pain intensity from 10/10-7/10 from the use of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68. Decision based on Non-MTUS Citation Roelofs-Cochrane, 2008; Namaka, 2004; Gore, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; Pain interventions and treatments P.

**Decision rationale:** Ketoprofen, a non-steroidal anti-inflammatory drug (NSAID), may be indicated for osteoarthritis and mild to moderate pain. The MTUS chronic medical treatment guidelines state that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The MTUS chronic medical treatment guidelines state that NSAID's may be indicated as an option for short-term symptomatic relief for chronic back pain and, that long-term use of NSAID's may not be warranted because studies have not shown that NSAIDs are more effective than acetaminophen while demonstrating increased side effect profile. NSAIDs are a recommended second line treatment for chronic low back pain. The MTUS recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for long term NSAID use. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, there is insufficient documentation of improvements of the worker's pain and/or function specifically attributable to ketoprofen utilization and there is no documented periodic lab monitoring. Therefore, the request for ketoprofen is not considered medically necessary or appropriate.