

<b>Case Number:</b>	CM15-0008238		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 sustained an industrial injury on 12/05/2008 when he fell from a ladder, injuring his lumbar spine and right sternum. The diagnoses have included lumbar radiculopathy, brachial neuritis and chronic pain syndrome. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/13/2013 revealed a slightly narrowed disc space at L4-5, a previous left foraminal extrusion has desiccated in the interval exam. There is a 2mm left lateral bulging annulus and annular fissure or tear persisting with minimal left sub articular and proximal foraminal stenosis. There is no central canals stenosis. At L5-S1 there is a 2-3mm retrolisthesis with central protrusion and annular tear without compromise of the thecal sac or S1 nerve roots. There is no foraminal stenosis or change from previous study. An EMG (electromyography) dated 4/02/2013 was read as essentially normal. MRI of the lumbar spine dated 8/09/2014 revealed 3mm disc bulges accentuated to the left at the lower two lumbar interspaces with mild central and proximal left foraminal narrowing at both levels. Currently, the IW complains of low back pain with no significant improvement in symptoms. Objective findings noted cervical paravertebral muscles tender to palpation with spasm and restricted range of motion. Straight leg raise test is positive bilaterally and Achilles tendon reflex is absent bilaterally. On 12/16/2014, Utilization Review non-certified a request for Ketoprofen 75mg #30 noting prior requests for Norco and oxycontin had been denied and/or modified for weaning purposes. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for review of Ketoprofen 75mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. Medical records document a history of lumbar spine surgery performed in July 2009. MRI magnetic resonance imaging of the lumbar spine dated 8/9/14 documented 3 mm disc bulges at L4-L5 and L5-S1. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of Ketoprofen, which is a nonsteroidal anti-inflammatory drugs (NSAID), for low back conditions. Therefore, the request for Ketoprofen is medically necessary.