

<b>Case Number:</b>	CM15-0142465		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/22/2005
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 22, 2005. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for oral ketoprofen. The claims administrator referenced an RFA form received on July 8, 2015 in its determination, along with an associated progress note of July 7, 2015. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing complaints of neck, low back, and hip pain. The applicant was using oral ketoprofen three to four times per week and was intermittently using Percocet for symptomatic flares of pain, it was reported. The applicant was described as disabled it was reported in the Social History section of the note. The applicant was still smoking every day, it was acknowledged. The applicant was asked to employ ketoprofen at a heightened dose of three times daily. The applicant was kept off of work. Percocet was renewed. On December 4, 2014, it was again acknowledged that the applicant was no longer working. It was stated that the applicant was using ketoprofen on a p.r.n. basis for as-needed pain. The applicant had attended a functional restoration program, it was further noted. The applicant was still smoking at this point, it was acknowledged. On July 7, 2015, the applicant reported ongoing complaints of neck and low back pain. The note was difficult to follow as it mingled historical issues with current issues and was, in some sections, identical to the earlier note of May 8, 2015. The applicant was again described as disabled and smoking at a rate of one to two packs a day. Ketoprofen was renewed. The applicant was asked to employ Percocet for moderate to severe pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** No, the request for oral ketoprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ketoprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on disability it was reported on July 7, 2015, despite ongoing ketoprofen usage. Ongoing usage of ketoprofen failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of oral ketoprofen. Therefore, the request was not medically necessary.